6 3 6 4 9 AUG 25 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. offend

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please removith the State Dept. of Health and Mental Hygiene prior to buriol, crema

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

71 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Z. U.C.	454			
	EASED NAME FIRST DO NOT	Thy	A.	Be	en Fer	20 DATE OF DEATH MO	F-20-87	HOUR /		
3. SEX		4. RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOU	NDER 24 HR		
1	Female	White		05	27 50	37	YRS.			
7e BIR	RITHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	U.S. A	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DO DIVORCED	7. BALTIMORE CITY OR C	COUNTY OF DEATH			
E	95TON	(IF NOT IN SU	CHEACHITY, GIVE STREET	APPORESS)	or other institution ospital	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Waitress				
13e. S1	Maryland Car	on other institution ounty of oline	Ridgely		13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 5 Park Avenu	ie 21660			
	THER'S NAME R. E.	Lee	Andrew		is mothers maiden na First Margaret	Cecilia	a Callaha	an		
(YE	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) [# YES,	ARMED FORCES? GIVE WAR OR DATES)	218-48-		Janet S. C	colman P O Bo	ox 279 Ridgely			
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	IATE CAUSE (o)	or As A CONSEQUE	AST	- CANC	ž.	APPROXIMATE BEATIN ONSE!	AND DEAT		
		IT CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM					
CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		NO CERTIFYING CAUSES OF D			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .,m. MONTH DA ',m,	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	CE OF INJURY STREET FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET			CITY OF TOWN	COUNTY	STATE			
	270.1 certify that (I) (this hospital) attended the decased from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we rate) (did not) view the body after death.									
	obove, (I) (werrold) (did	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY								
		to c	endo		ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAL	2 30	VED		
		HP C	englos		ATTENDING PHYSICIAN 2 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	N-20	VED		
23e Bt	226. SIGNATURE 226. PHYSICIAN'S NAME (A)	PE OR PRINT) Carney, M AL 23b. DATE	.D.	NAME OF C	ATTENDING PHYSICIAN 2 220 ADDRESS	Lane Easton	N-20	VED		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WIGHENE

-2	STATE PEDISTRAR				EALTH AND MENTAL (ITG ICATE OF DEATH	REG. N		8 1	1
	CEASED NAME FIRST SEORPRINTS	Beulan	Mildred	Blui	BLUNT	20 DATE OF DEATH	Q' 2	b 87	26 HOL
3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER
1	Female	White		Mar		73	YRS	MONTHS DAYS	HOURS '
	IRTHPLACE (STATE OR FOREIGN)		WHAT COUNTRY?	1.		BALTIMORE CITY		OF DEATH	
1	Maryland /	IX	SA .	WIDOWE	DIVORCED DI	Talha	+ C	Lthro	
10 C	EASTON	11. NAME OF	HOSPITAL, NURSING	HOME O	ROTHER INSTITUTION A CHospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST WITE	TION OF WORKING LIF	126. KIND C INDUSTRY HOT	DE BUSINI
13a. S	STATE 18 NUMBERS HOME	OR OTHER INSTITUTION		DMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Hill Roa		21639)
INFA	ATHER'S NAME				15. MOTHER'S MAIDEN NA		·		
1	John	MIDDLE	Hammond		Mary	WIDDLE		Abra	
Ide. V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURI	ITY NO.	17. INFORMANT Daug	hter ADDR	RESSR D	1, Box	c 578
1	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	219-46-48	373	Mrs. M. Louis				
	Conditions, if ony, which gove rise to immediate	(b)		ICE OF C	wonay for	Vendi.	Slop	0 90	ran
FICATION		DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUEN	ICE OF		200 AUTOPSY?	20b IF YES	, WERE FINDI	NGS USE
ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)	R AS A CONSEQUEN ONTRIBUTING TO DE	ICE OF	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YE	, WERE FINDIFYING CAUSES	NGS USE
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	RECTO UR FILE 2 HOU N STREE		SEX		ACE Vhite	5 DATE OF BIRTH	YEAR 6 AGE (IN LAST BIRT 61			UNDER 24 HRS	PRONOUNCED DEAD		ONTH DAY	YEAR 2d	H30 1a ₄
	NECESSARY, PLEASE NINERAL DIRECTOR. 5 NOR YOUR FILES. WITHIN 72 HOURS WERSTON STREET,	15	7s BIR	THPLACE (STATE C		76. CITIZEN OF WH.	01	8 MARRIE		MARRIED [albot	OUNTY OF DE		
V	THOUSE S		CIT	orida Y OR TOWN OF E	DEATH	11. NAME OF HOSP	PITAL, NURSING HO	S)		FO	SUAL OCCUPATION OF WORKING	ON (TYPE OF V	OR II	OF BUSINE	ESS
5	- m = 0 &	2	1		NURSING HOME O	OR OTHER INSTITUTION, GIVE	, Sailor's F ERESIDENCE BEFORE ADMI 1136 CITY OR TOWN	ISSION)	13d. INSIDE CITY L		rtist		2/	rt. 65 %	
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BALTIMORE	JRS AFTER I S. GIVE PAC WITH FORM I. PAGES I DIVISION C	/		S, NO, OR UNKNOWN)		WAR OR DATES)	216-16-7				al POB				
201 W. PRESTON ST., E					I WAS CAUSE! IMMEDIAT f ony, which	D BY: TE CAUSE (o) 38 DUE TO, OR A	for (o), (b), ond (c).) Cal. Gun AS A CONSEQUENCE AS A CONSEQUENCE	E OF	ound to	the h	ead		BETWEE	ROXIMATE INTER EN ONSET AND SECOND	DEATH
ECORDS, 201 V	D BE EXECUTED WITHING WEDING" IN PENCIL I WEDING BENCIL I SAMINER AS A BURIAL - TRANS EALTH AND MENTAL I	CREMATION, O	NOI	PART 2 OTHER SIGNIFI Metast	cant conditions	CONTRIBUTING TO DEATH DO OTON Cance	ut not related to the ter with se	erminal disease							
/ITAL R	SHOULD ORD "PE CHIEF A RE USED A	ORIAL,	CERTIFICATION	196. DATE OF OP			ION FOR WHICH OF	PERATION WA	AS PERFORME	D?				S NO	o [X]
DIVISION OF VITAL RECORDS,	G THE W TO THE HOULD B	OR TO B	MEDICAL CER	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF	216 TIME OF HOUR A.M. DEATH P.M.	MONTH DAY YE	AR		CURRED (ENTE	R NATURE OF INJURY II	N ITEM 18 PART	1 OR PART 2)		
DIVIS	WRITIN WARDED AGE 3 S	21201 PR	WED	218 INJURY OCC WHILE AT WORK	OT WHILE [STREET FACTO	DRY, FARM, ETC.)		REET		CITY OF TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS CER. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE MITH THE STATE DEP	ORE, MARYLAND, 2		death resulted for	rom: Natur	Alle	Accident ,	Suicide X,	Homicide TITLE (SPEC	Y ME	Inquiry Control of the second	r ,	0.01.120	-17-87	
	XECUTI AGE 4 O FUN	A. T.		EXAMINER'S NA			eder, 3rd.				106, Eas	ton,	Md. 216	01	
	BP	a.	Bu	IRIAL, CREMATION		8/21/87		Cemet	tery	O	TY OR TOWN Kford BY REGISTRAR 2		albot	MD STATE	
	DHMH - 17 (VR A1S ME)			NERAL DIRECTOR		Home Es	aston MD	21601	236.	AUG 2	O 1097		widoon-12		

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Hetastatic Colon Cancer with secondary Depression

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completely filled in by the funeral director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 DF								REG. NO		
	CEASED NAME FIRS	ST	MIDDLE	LAST		191.9	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
1	FI	zaheth	K.	Bo	INNE	16	14	unust	11 198	7 /2
3. SE	X	4 RACE		5. DATE OF BI			6. AGE (IN YEARS	LAS BIRTHDAY	IF UNDER 1 YE	AR IF UNDER 24
J	Female	White	9	MONTH 01	20	YEAR 07		80 vps	MONTHS DA	YS HOURS
70 BI	IRTHPLACE (STATE OR FOREIG	N Zh CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE	CITY OR COUN		
	COUNTRY)			MARRIED			T	That		
	Maryland	U.S	HOSPITAL NURSIN	WIDOWED		ORCED	120 USUAL OCC	1001	Trans Minus	OF BUSINES
	TOR TOWN OF DEATH		CH FACILITY, GIVE STREET		THEK INSTI	NOTION	(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTI	RY
di	=HSTON	1/16	MORI A	1 +10	SOITA	74	Registe	red Nurs	e Me	dical
136. S	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE		LINSIDE CIT	Y LIMITS?	13e. STREET ADD	RESS	7	101
	Maryland	Talbot	Wittman	n YE	ES 🗌	NO 🖔	Pot Pie	Road	01	6/4
14.F/	ATHER'S NAME	MIDDLE		15.		MAIDEN NAM				
1	Thomas	M.	Kirby	7		nna		irgaret		Meeth
16a V	WAS DECEASED EVER IN U.		166. SOCIAL SECU		INFORMAN			ADDRESS		0.2
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	no		218-32-3	- A	udrui S	eners a	98 Lowe	II Ave I		~
	18 CAUSE OF DEATH (En	ter only one cause per	line to (a), (b) Jone	d (c).)		1.1			BETWE	OXIMATE INTERV
		EDIATE CAUSE (o)	Muje	Iww	creu	Aura				10 mg
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WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE LIFEITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this sow the decased of above, (1) (we) (did) (c. 22b. SIGNATURE 22d. PHYSICIAN'S NAME BURIAL, CREMATION, REMO	DUE TO, O st. C AND CONDITIONS C IPP COND IPP C	ONTRIBUTING TO DEPARTMENT OF INJURY OF INJURY REEL, FACTORY, OFFICE, F	OPERATION W AY YEAR 19 ARM, ETC.) PAGE 211 ARM OF CEME	T LOCATION STREET AT P ADDRESS ETERY OR CO	URY OCCURR N 19 our) opinion of HYSICIAN K REMATORY	ASHID 200 AUTOPS: YES NI YES NI ED (ENTER NATURE CI ON AMEDICAL DIRECTOR 1 23d LOCATIK CITYOR 1 23d LOCATIK CITYOR 1	20b. IF 1N CER OF INJURY IN ITEM ITY OR TOWN ITY OR TOWN STAFF PHYSICIAN ON OWN	YES, WERE FIN YES, WERE FIN ITIFYING CAUS YES COUNTY 19 87 10 17 17 18 PART 1 OR PART 1 120 DA COUNTY	standard Sta
WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIFETHER NOTIFY MEDICALEX 21d. IN JURY OCCURRED WHILE AL WORK NOT WHILE AT WORK NOT WHILE 22a. L certify that (1) (this sow the deceased of obove, (1) (we) (did)(c) 22b. SIGNATURE BURIAL, CREMATION, REMO	DUE TO, O st. c	ONTRIBUTING TO DEPARTMENT OF INJURY OF INJURY REEL, FACTORY, OFFICE, F	OPERATION W AY YEAR 19 211 ARM, ETC.) DEG	T LOCATION STREET AT P ADDRESS ETERY OR CO	URY OCCURR N TENDING HYSICIAN REMATORY	ASHID 200 AUTOPS: YES NI PED (ENTER NATURE COLUMN TO THE COLUMN TO TH	20b. IF 11 OF INJURY IN ITEM 11 OF INJURY IN ITEM 11 OF IOWN 11 OF IOWN 12 OF IOWN 13 OF IOWN 14 OF IOWN 15 OF IOWN 16 OF IOWN 17 OF IOWN 17 OF IOWN 18	YES, WERE FINITIFYING CAUS YES 18 PART I OR PART: COUNTY 22c DA COUNTY WICOM	standard of the couses state of the couses of the couse of the co

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagery with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the haspital or attending physician.

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sho

He

0

CERTIFICATION

MEDICAL

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENT & HYGJENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH 26 HOUR . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH

11000	E /	
MALE	1. RACE	5. DATE OF BIR

76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE I STATE OR FOREIGN COUNTRY

MIDDLE

INEVER MARRIED MARRIED WIDOWED

DIVORCED

126 KIND OF BUSINESS OR 120 USUAL OCCUPATION ORK FOR MOST OF WORKING LIFE

ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IGH FACILITY, GIVE STREET ADDRESS!

MIDDLE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY OFEN

13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME

MIDDLE

13e. STREET ADDRESS

LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (c), CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

FOR STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

14. FATHER'S NAME

166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

17. INFORMANT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT

PART I. DEATH WAS CAUSED BY:

20a AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21 PLACE OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

III LOCATION STREET

CITY OR TOWN COUNTY

STATE

AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death. 16 au

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN AT DIRECTOR | PHYSICIAN 22c. DATE SIGNED

22b. SIGNATURE

Stephen P. Carney, M.D.

Easton, Md.21601

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR

23d LOCATION

, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 1/BI (VRA 15, 4)

BP

94

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

All the state of t AUG 24 1987 July Johnson Barry Aug 24 1987 July July July 1887

OR DEPARTM

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT & HYGJENE
CERTIFICATE OF DEATH

2 4 4 5 9

							REG. NO.			
	I. DE	CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR
	(TYPE	EORPRINT) FONDS	L HO	oward CA	1 2:	Labas	August	: 31	1987	1115
		ERNOS	7 11	Mara CV	RIST	ophak	Magasi	3/	,,,,,	AM
	3. SE	X	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	AY) IF (UNDER I YEAR	IF UNDER 24 HRS
		male	white	2	MONTH			MON	VIHS DAYS	HOURS MIN.
					Aug	.23,1891	96	YRS.		
1		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY O	FDEATH	
06		Md.	U.S.A	1			Talbo	7		
6					WIDOWE					MD.
116	2	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126. KIND O	F BUSINESS OR
11	E	oston 1		ORIGI	400	pital	farmer hel		IIADO21K1	
1	11540	AL RESIDENCE (IF NURSING HOME			EADMISSIONIL	pricer	I diliter free	PCI		
12		STATE 136.COL		13c. CITY OR TOW		1 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1	2	Md.	Dor.	Madison	1	YES NOXIX			2164	18
	JAILE /	ATHER'S NAME				15. MOTHER'S MAIDEN NA	MF		0.2.0	
E) Cp	1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	ſ
20	1	Robert		Christo	pher		unknov	vn .		
8 40	16a. V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS			
0 /	10		IVE WAR OR DATES)	214 07	0500	77	02			
Edin		No		214-07-	-8588	Ernest H.	Christopher	g Jr.		
6/		18 CAUSE OF DEATH (Enter of	anly one cause per	r line for (o), (b), an	d (c).)				APPROXU	MATE INTERVAL
1		PART I. DEATH WAS CAUS	ED BY	() 1 :	Failu				BE J WE DELT	AND PLANT
G .		IMMEDIA	ATE CAUSE (o)	Icenal	MILLO	1 -				
5			DUE TO O	R AS CONSEQU	FNCE.OF					
É		Conditions, if ony, which	6	erita						
0		gove rise to immediate	(b)	101110	2117.7					
è		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
0		underlying cause last.	(10)	Pancre	10.1	5				
ö		DART 2 OTHER CICALIFICANT	CONTRIBUTION CO							
5	z	PART 2 OTHER SIGNIFICANT		0. (.)	DEATH BUT					00
E _	CERTIFICATION	CHT, Me	umonia	RICHT	Upper	- Lowe, E.	Col: Septi	(Ciniz	4,0	155
16	1	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			VERE FINDIN	
54	l E								NG CAUSES	
0 /	E						YES NO	YES [ио 🗌
1	8	21a. ACCIDENT WAS UNDERLYING			. W VE . D	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	TEM IS PART	1 OR PART 2)	
EG/	2	OR CONTRIBUTING CAUSE OF D	EAIN	M. MONTH D						
2/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19					-
6 /		21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	CADAL ETC.	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
9	2	AT WORK AT WORK	(AT NOME, ST	REET, FACTORT, OFFICE, F	rakm, EIC)					
9			7		01	25 / 8 + 10	9/21	1CE		
		220.1 certify that (1) (his has			010		, 10 0 5 1	0.719.		that (11 tye) last
N .		saw the deceased alive a above (1) (we) (did) (did r	on view the body	atter death	, or	nd that in (my) lour) apinian o	death accurred on the date	and haur ar	nd from the o	causes stated
E		THE SIGNATURE	To the wife body	difer death.		DEGREE			22c DATE	SIGNED
		11/11/)		ATTENDING	MEDICAL STAFF		0/1	D.0
1		Coons	W			PHYSICIAN [DIRECTOR PHYSICIAN	4	19111	8+
1		224. PHYSICIAN'S NAME TYPE	OR PRINT]			22e ADDRESS				
8		12-11				MIC PAR	DX120 Gold). [.	110	71/2/
5		Roblas	pin			C42 101	UNICU GOLA	2001	ora.	01636
5 4	23a E	BURIAL, CREMATION, REMOVA	236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	((SPECIFY)					CITY OR TOWN	-	OUNTY	STATE
		burial	9/3/8	37 JJc	saga	Churchyard	Madison		or.	Md.
31	24 Ft	UNERAL DIRECTOR		7000		250. DAI	E REC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNATI	495
3		Thomas Fu	neral Ho	me Camb	ridos	Md 21613SE	P 8 1987 I	yules of	Jearness.	Randala

DHMH - 16 50M 1/81 (VRA 15, 4)

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U AU	G STAL BY		STATE OF MARYLAND OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 4	4 6 0
	ECEASED NAME FIRST	S Kathryn	/ COVEY	20. DATE OF DEATH MON	20 110011
3 St	X	4. RACE	S. DATE OF BIRTH I	6. AGE - (IN YEARS LAST BIRTHDA)	F UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
1	emale	Caucasian 76 CITIZEN OF WHAT COUNTRY?	Jan.14, 1934	5.3 9. BALTIMORE CITY OR CO	YRS DEATH
1	COUNTRY)		MARRIED WEVER MARRIED WIDOWED DIVORCED	Talbot	County
10	Easton	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD)	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12h KIND OF BUSINESS C
2 451	JAL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL	DMISSION)	Assemblyli	ne Appliances 21639
date:		roline Greensh	Orol YES NO TH	Denton-Gre	
	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
クレ	McCoy	Puqh	Virgie		Barker
	WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIAL SECURI	ITY NO. 17. INFORMANT	ADDRESS	
1	No	21434876	0 Franklin I	R. Covey, Gr	reensboro, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN		MINIAL DISEASE OF CONDITION	ON CRITICIPAL PART I
NO	PART 2. OTHER SIGNIFICAL	NI CONDITIONS CONTRIBUTING TO DE	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	JN GIVEN IN PART ITO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
T W	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FOEATH HOUR A.M. MONTH DAY		RRED (ENTER NATURE OF INJURY IN	ITEM IR PART I ORPART 2)
	(IF EITHER NOTHY MEDICAL EXAM		211. LOCATION	CITY OR TOWN	
MEDICAL	ZIG INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FAR		CHECKLOWN	COUNTY STATE
	21d INJURY OCCURRED WHILE NOT WHILE ATWORK 22e.1 certify that (1) (this has the deceased alive	In PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR iospital) ottended the deceased from e on 19 19 20 11 11 11 11 11 11 11 11 11 11 11 11 11	M. ETC) STREET	5, to 2 Augus	19 , that (I) (we) to and hour and from the causes stated
	21d INJURY OCCURRED WHILE NOT WHILE ATWORK 22e.1 certify that (1) (this has the deceased alive	iospital) attended the deceased from 19 to the body after death.	, and that in (my) (our) opinion DEGREE ATTENDING	5, to 2 Augus	19 that (I) (we) for and hour and from the causes stated 22c. DATE SIGNED

DHMH - 16 50M 1/81

24 FUNERAL DIRECTOR (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Moore Funeral Home

8/5/87

Denton, Md. 21629

Junior Order Cem.

Preston Caroline

MD

062796

STATE OF MARYLAND	ST	ATE	OF	MARY	LAND	
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	48	FOR TATE REGISTRAR			NT OF H	FICATE OF DEATH	REG NO.	6
	1 DEC	CEASED NAME FIRST		MIDDLE		IAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TTPE	11/a.L	Ter	Kennar	n 1	Julin	8	4 87 600 PM
	3 SEX	× ·	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	ale	Cauca	sian A	uq.		74 YRS	NOWS MA
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		aryland	U.S.	A	VIDOWE	ED DIVORCED	TALBOT	MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING CH FACILITY, GIVE STREET ADD	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY
4	K	CHS TON	mem	DrIAL	#	OSPITAL	Upholsterer	Automobile
2	13a 5	AL RESIDENCE IT HUSING HOME OF	TY WITHURS	13: CITY OR TOWN		134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD	6
/	-		line	Greensbo	ro	YES NO TX	Fox Grape Ro	ad 21639
Я	BALFA	THER'S NAME	epou.	1437		15. MOTHER'S MAIDEN NA	ME mone	(45)
-		Harry Dougla		ulin		Bessie		Kennard
Ž.		VAS DECEASED EVER IN U.S. ARA	WAR OR DATEST	146. SOCIAL SECURIT	1222	17. INFORMANT	ADDRESS	
1	Y	es WW	II	19505163	9	Edith S. D	oulin, Greensb	
	1811	Conditions, if any, which gove rise to immediate	E CAUSE (o)	Time for co.), (b.), and co	Myc	CORONARY D	DISCARE .	METHERN CHINATAND CRAIM
-	CERTIFICATION	course (o), stating the underlying course lost. PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	R AS A CONSEQUENT ONTRIBUTING TO DEP	<u>ATH</u> BUT	PRINCESSAN AND STREET	DINAL DISEASE OR CONDITION GI	VEN IN PART THE
	THE						IN CERT	EYING CAUSES OF DEATH!
1	1000	21st ACCIDENT WAS UNDERLYING THE ENAMERS OF DEAL PROPERTY INCIDENT MEDICAL EXAMINES	MITTER STREET,	M. MONTH DAY	YEAR 19	21r HOW INJURY OCCUR	RED (switze nature or evolute on this is.	PART I ORPART TO
	MEDICAL	WHILE HOLLING DECURRED AT WORK	Zie PLACE (41 HGME SI	OF INJURY REST, FACTORY, OFFICE, FARM	etrei	211 LOCATION	CHI OR TOWN	Court Unit
		274.1 certify that (Kithin hospit saw the Decement have on obove, A) be writed that not 274. SIGNATORS		(21.1	2	nd that is (my) (our) opinion	death occurred on the date and ho	
		THE PHYSICIAL NAME (VIEW OF	WC,	fre ch	~	MO ATTENDING PHYSICIAN E	ORECTOR PHYSICIAN	SHALEY
		SLOTT FI	licomo			THE ADDRESS MY	TENDE SI SI	DN MD 2/601
	2000	URIAL CREMATION, REMOVAL	ZIN DATE			EMETERY OR CREMATORY	ZM LOCATION OR OLYOWK	Sprint. State
		rial	18/7/8	37 Gre	enm	ount Cemete		Caroline MD
	1	Now B Fre	NORP	1 Africa	-91	AUG NOTWE	F REC'D. BY REGISTRAR 256 REGIS	Dioidon Rodas

DHMH - 16 60M 7/84 (VRA 15, 4)

movid be detach the the State De PORTANT, II II

TO HOSPITAL

+	6	KI	
0 6	4 og Assa		S
D	deoth, Page 4.	Water director	200
10	and in requires that the death certificate be executed within 24 hours after death, flags 4 may be asset.	has been signed by the attending physician and conditions filled in by the fuseral director, page 3 permit. Then please remove carbonappers, Pages, Land 2 should be filled Juhi 272 have after death On one prior to burist. Cremation, or removal.	by diversions or other Houmatic event, the medical examinity in the medical
10	executed within	ond completely	epicod excoming
	h certificate be	has been viginal by the attending physician permit. Their pieces carbonalopers, Perepriet to burial, cremotion, or remoral.	oncevent, Name
	that the deat	d by the other debte remove o	or other reoum
	a low require	has been vigor permit. Then p one prior to bur	and day milary.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEAT	P '	REG. N				
E	(type	ER D NAME	FIRST	HLEEN	/ D	URH	AM		20. DATE OF DEATH	MONTH . 31	87	647PM	٨
	3. SE>	X		4. RACE		S. DATE (AR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	_
	1	Female		Whi	te	12			80	YRS			
		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	ED 🗆	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
1		MD		USA		WIDOWI			IALB	T		MD	-
3	10,51	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN HEACHITY, GIVE STREET		OR OTHER INSTITUTE	NC	17a USUAL OCCUPAT			F BUSINESS OR	
2	5	AL RESIDENCE IN NURS		1451	MORIAL	- M	DOPITAL		Saleslady	7		Store	_
2		STATE	13b/COU	NTY	13c. CITY OR TOW	'N	134. INSIDE CITY LIA		13e. STREET ADDRESS			1632	
4	LANGA	MD ATHER'S NAME	Car	coline	Federals	burg	YES NO		Box 213, F	t. 2,	Federal	sburg, M	-
V	7	FIRST	in G.	Alheit	LAST		FIRST		Mamie Leder	er	LAS	ī	
£	16a W	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	-	ADDRI				-
2	1	NO OR UNKNOWN)	(IF YES, GF	VE WAR OR DATES)	212-03-2	2889	Robert S.	Dur	ham, Jr., (A	bove)			
		18 CAUSE OF DEAT	H (Enter o	nly one cause per						0	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	=
		PART I. DEATH W	AS CAUSE	ED BY: TE CAUSE (a)			Myoca	dia	1 where	tion	4-	SHCC	
			Brancon		R AS A CONSEQUE	ENCE OF	- 1		()				Ī
		Canditions, if any,	which	(b)	AS A CONSEQUE	LINCE OF			0				
		gave rise to imm	nediate	DUE TO OI	R AS A CONSEQUE	ENICE OF							Ī
П		underlying cause		(6)	K AS A CONSECUE	EIACE OF							
		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1		ī
	CERTIFICATION												
1	ICA	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY?		S, WERE FINDIN		
	RTIF								YES NO		s 🔲	NO 🗆	_
	182	21a. ACCIDENT WAS UND OR CONTRIBUTING			K MONTH D	AY YEAR	ZIE HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TO	PART 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINE	R) P.		19	AN LOCATION						_
П	MED	21d. INJURY OCCURI		21e PLACE (OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
4		AT WO AT WO						CO			8		_
Н		22a.l certify that (I)		-0 21	e deceased from_		nd that in (my) (97)		death occurred on the d	ate and have		that (I) (we) last	1
		ubore, (1) (self)	did) (did m	of) view the bady	after death.		Accept 1	финан	ocani occanea an me a	are and mad	22c DATE		_
	/	XIII	0110	15	18111	1 V	ATTEN	DING	MEDICAL STA	FF	IZZC. DATE	SIGINED	
4		2 PHYSICIAN'S N	ULLU INDE	On Departs	3 WIL	4 1	PHYSI	CIAN	DIRECTOR PHYSIC	IAN			_
1		LAWREN	-		MAHO		Rte 3	Box	106 EAT	TOLI 1	un 2	1601	
	23a B	BURIAL, CREMATION,				NAME OF (CEMETERY OR CREM		234 LOCATION				=
	- (Burial		9/3/8		Parkwo			Baltimore	. 1	Balto.	Md.	
	24 FL	UNERAL DIRECTOR			T	201+0	- 21212		E REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNAT	URE	-
	Mi	tchell-Wie	defe	ld Home,	Inc.,650	00 Yo	rk Rd.,	SE	P3 1987	Julia L	Teridorn-Ro	adall	

DHMH - 16 50M 1/81 (VRA 15, 4)

tiers. The

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SYGIENE CERTIFICATE OF DEATH

24465

ıc	10	ISTRAR			CERTIF	ICATE OF DEAT	п		EG NO.	A DE P	1					
	1910	ED NAME FIRST	MI	DDLE	ı	AST	-	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR					
		James		C		irbank		August	-		1:25P.M.					
3	3. SE	*	4 RACE		5. DATE C		rEAR	6. AGE IN YEARS	LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS					
	and the same	Viale	Cauc.			an 2, 190	2	85	YRS							
	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8 MARRIE	NEVER MARR	IED 🗆	9 BALTIMORE	CITY OR COUNTY	OF DEATH						
1		Waryland	U.S.		WIDOWE			Ta	1bot		MD.					
1	10 CI	ITY OR TOWN OF DEATH		DSPITAL, NURSIN FACILITY, GIVE STREET		R OTHER INSTITUT	ION	12a USUAL OCC	UPATION MOST OF WORKING LIF		F BUSINESS OR					
1		Easton		an - The		s Easton										
1	130.5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY TAL	1TY	ve residence before 3c CITY OR TOW Vittman	ADMISSION)	134 INSIDE CITY LI		13e.STREET ADD	RESS / ZIP CODE 21676							
C	5"	James F	MIDDLE Fairba	n k		15 MOTHER'S MA	IDEN NAM		Kerper	LAS	T					
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	IRITY NO.	17 INFORMANT			ADOP .O. bo							
		No		218-16-6	294	Calvin	C, F	airbank	Easton	Maryla	nd 21601					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA!	E CAUSE (a)	ARDIO PULA	HONAR	Y ARRES	_			BETWEEN	MATE INTERVAL ONSET AND DEATH					
	No. of London	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	b) DUE TO, OR	AS A CONSEQUE	LERO.	TIC CARD	OVASO	CULAR	DOEASE							
ı	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OF	CONDITION GIV	EN IN PART 1						
2	CERTIFICATION	190 DATE OF OPERATION		ACDI & V		LAR DIS	EAS	200 AUTOPSY		S, WERE FINDIN YING CAUSES S						
1	955	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 P	ART I OR PART 2)						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY 1, FACTORY, OFFICE, F.		211 LOCATION STREET		ÇIT	Y OR TOWN	COUNTY	STATE					
		220 I certify that (I) (this haspi saw the deceased alive on above (I) (we) (did) (did no				d that in (my) (aur)	83 aprnian de	, ta	the date and hav	19 \$7 r and fram the	that I (we) last causes stated					
		22h SIGNATURE Some	MD			PHYS	IDING ICIAN	MEDICAL DIRECTOR F	STAFF HYSICIAN []	224 DATE	SIGNED					
			REMER			ST. A	1 ICHA	AELS	ML	2/6	3					
	23e B	SURIAL, CREMATION, REMOVAL SPECIEVI Burial	Aug. 8			Cemetery OR CREM	ATORY	St. Mic	chaels, I	ralbot I	Waryland					
	A	away C. X	lona	Post	me	Kul	25,00	1 7 198	TRAR 251 REGIST	PAR'S SIGNAT	Pandael					

DHMH - 16 60M 7/84 (VRA 15, 4) 0 6 2 7 9 5 AUG 14 87- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 4 REG. NO. 6

	ECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(TYP	PE OR PRINT) Mak	y ma	IREGRET F	ord	9	5 87 150/1			
3. SE	EX	4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN			
1 F	'emale	Caucasia			79 vi	RS			
10/ To B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH			
	ennsylvania	U.S.A	. WIDOW	DIVORCED	Talbot				
2000	CITY OR TOWN OF DEATH		'AL, NURSING HOME (TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	124 USUAL OCCUPATION 114PE OF WORK FOR MOST OF WORKI	126 KIND OF BUSINESS O			
100	Easton/	memo		specution	Housewife	Home			
130	STATE 136 CO	UNTY 13c. CI	SIDENCE BEFORE ADMISSION) ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
10		roline D	enton	YES NO THE NO THE NAME OF THE	Quail Run F	Rd 21629			
1	ATHER'S NAME	MIDDLE	LAST	13. MOTHER'S MAIDEN NA	MIDDLE	LAST			
24	Robert Fr		ellon Ocial Security NO.	Mary	Veronica	Gallagher			
	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)				100			
E	No		2380192	Catherine	M. Embert, I				
ent, 1	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	SED BY		1	vvect	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
i e	MMEDI			monacy a	VV	MINUTES			
tomo	Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE OF			heivs			
P. C.	gave rise to immediate	(6)	7.1.3						
othe	cause (d), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF						
0.7	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1101			
NO NO	MALNUTH	LITION -	SHORT	ROWEL	- SYNDA	come			
CERTIFICATION	19a DATE OF OPERATION		FOR WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
M H					YES NO	YES NO			
# B	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		RY NONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	M 18 PART OR PART 2}			
M S	(IF EITHER NOTIFY MEDICAL EXAMIN	EATH	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
owe -	AT WORK NOT WHILE	AL EGO LA	0/	176	0/-	67			
2	220.1 certify that (1) (1this hor	7/1		19 7	to >/ 3	hour and from the couses stated			
E 2	abor (we) (did (did	not view the body after d	leath 4	DEGREE	death occurred on the date and	22c. DATE SIGNED			
2 2	110/51654	ha-	2.18	ATTENDING !					
3-1	226 PHYSICIAN'S NAME (TYP	1		22e ADDRESS	DIRECTOR PHYSICIAN				
18	William J.	// //	M D		mone In Fr	aston, MD 2160			
3		T	·		123d LOCATION	ascon, MD 2100			
	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	CITY OR FOWN	COUNTY STATE			
74 5	Burial ENIMERAL DIRECTOR	18/7/87	ISt. Pe	ter's Cem.	Dueenstown E REC D. BY REGISTRAR 236 RE	Queen AnnesMI			
4/B2	1 Pay 1 6 Gu	VOOAH H	-120gled 15 (ENJON AUG	4 1 1097 Julie	Devicer Renders			

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

		5	1					
0	6	4	1	2	7	AUG	28	FOR REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 4 4 6 5

		REGISTRAR					REG. No	D.			
7		CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR,	
	(TYPE	ORPRINTI TILLAN	9 1	7	F.	ROSE	Quayst	12	1987	2-PM	
	1 SEX		4. RACE		5. DATE C		AGE (IN Y ARS LAST BIR		MONTHS DAYS	HOURS MIN.	
		Female	7/7	hite	Sept		73	YRS	MONTHS DATS	MIN.	
39	7a. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		BALTIMORE CITY O		OF DEATH		
2		enna, Md.	U.S.A	-	WIDOWE		Talk			MD	
7	JIP CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AS	DORESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATI	ON F WORKING HE	126 KIND O	F BUSINESS OR	
7	60	aston	va.co	moeia	1	tospital	Housewife	2	Own I	Home	
27		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOWN		136 INSIDE CITY LIMITS?	3e STREET ADDRESS	710 CODE	0/	100	
1			line	Prestor				0×27	7 24	625	
5	The Person of	THER'S NAME				IS. MOTHER'S MAIDEN NAM		10 61			
4	1	Jacob Johann	MIDDLE	LAST		Model 3 and	MIODIE		LA5	1	
1	16a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	ITV NO	Matilda Tj	aden	55 _			
5		(IF YES GIV	E WAR OR DATES)					Pre		21655	
6		No		213-22-	-870	Ernest W.	Frase, R	2,	Box 2	277. Md/	
		18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE	ly ane cause per	line far (a), (b), and	(C	00000			BETWEEN	MATE INTERVAL	
			E CAUSE (a)	CAPUL	72	HRLRYS!			ALVE		
		A CONTRACT OF STREET	DUE TO O	R AS A CONSEQUE	NCE OF				400		
		Canditians, if any, which	(,b)	STRO	OKE						
		gave rise to immediate cause (a), stating the	3		100.00						
		underlying cause last	DUE 10, OI	R AS A CONSEQUEN	NCE OF				8 7		
		PART 2 OTHER SIGNIFICANT (ONDITIONS	INTRIBUTING TO D	EATH BLIT	NOT BELATED TO THE TERMIN	AL DISEASE OF CON	DITION GIV	ENLINI DADT 1		
	2	THE STREET STOTE OF THE STOTE O	.01101110113	STATE OF THE STATE	EATH BOT	NOT RECATED TO THE TERMIN	AL DISEASE ON CON	JIIION GIV	LIVINTAKI		
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES	WERE FINDIN	4GS USED	
7	25						VEC D NOD	OF DEATH?			
_	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	F IN HIRY		21c HOW INJURY OCCURRE	YES NO	YE		NO 🗌	
1	12-11-1	OR CONTRIBUTING CAUSE OF DEA	110110 4	M. MONTH DA	Y YEAR	THE THE WAY WAY OF COMME	D TENIER NATURE OF 1930	T ING IIEM IB F	ART I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19						
	VED	216 INJURY OCCURRED	21e PLACE (OF INJURY BEET, FACTORY, OFFICE FA	RM. ETC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	1	AT WORK AT WORK									
		22a I certify that (1) (this haspi	tal) attended the	e deceased fram		, 19	, to 12 AV		19 87	that (I) (we) last	
		saw the deceased live an abave, (I (we) (did) did na	12/1	19 8	7.00	nd that in (my) (aur) opinian de	ath accurred an the do	ate and hav	and from the	causes stated	
		DIVONNATURE .	M. A	difer death.	,	DEGREE	The state of the state of		22c DATE	SIGNED	
-		100 Nout	Rolan	ATT		ATTENDING	MEDICAL STAI	F	1124	11-87	
+		278. PHYSICIAN'S NAME (TYPE O	R PRINT)	7901		22e ADDRESS	DIRECTOR PHYSIC	IAN	1211	000	
				, V							
		Andrew McCar				Easton, Md.					
		URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
		Burial Aug. 15, 1987 Jr. Order Cemetery Preston, Caroline, Md.									
	24 FU	74 FUNERAL DIRECTOR ADDRESS ALLO A 4007 ADDRESS									
		Frampton Hawkin	s Funer		Fed84	alsburg, MAUG	24632198/	Gulia	Devices -1	Kondalk	

DHMH - 16 60M 7/84 (VRA 15, 4)

32793 AU		REGISTRAR			CERTIFIC	CATE OF E	MENTAL HYG	REG.		6 6	
0 0 0 0 C	TYPE (EASED NAME FIRST PEARL		WIDDIE	Gille	soie		26. DATE OF DEATH	8 3	Q 87	3 PM
4 0 0	SEX	Female	4. RACE Whit	e	5. DATE OF	9AY	1923	4. AGE (INYEARS LAST I		MONIHS DAYS	HOURS MIN,
a series	BIR	THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? # MARRIED	□ NEVER /	MARRIED	9. BALTIMORE CITY		1 /	MD
by the filled with	-	Y OR TOWN OF DEATH	LIF NOT IN SUI	HOSPITAL, NURS	T ADDRESS) .		TITUTION	17a. USUAL OCCUPA (TYPE OF WORK FOR MOS)		Phot	of BUSINESS OR
filled in	3e. S			GIVE RESIDENCE BEFO	WN . I	GES (1)	NO 🗌	219 Map.	e Ave	enue F	21632 ed., Mđ
completely and 2 sty	FA	AFRILE	WIDDLE	Knotts			MAIDEN NA	MIDDLE			rson
Poges 2	ia. W	AS DECEASED EVER IN U.S. A	RMED FORCES?	230-14-		17. INFORMA Betty				sity A	
y the attraction physics is emony corbon paper crendition, or semi-sol. ther tracitionic event, the		PART I. DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate couse (o), stafting the underlying couse last	DUE TO, C	or AS A CONSEQUENCE AS	AST UENCE OF	(Can	CER		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
been signed brind. Then pleasering to burnot, or a	ATION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO				INAL DISEASE OR CO	20b. IF YES	S, WERE FINDIR	NGS USED
15 30 C 77 F	AL CERTIFICATION	718 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	FATH HOUR A	DF INJURY .M. MONTH (DAY YEAR	21c HOW IN	JURY OCCUR	YES NO	YE	FYING CAUSES ES PART I OR PART 2)	NO [
the this of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE		211. LOCATR STREET		CITY OR	town	COUNTY	STATE
RAL DIRECTOR At edetoched for use a state Dept. of Health NT. If Nem 23 is and		22a I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE 22d. PHYSICIAN'S MAME (TYPE	not) view the bady	Leg 19	8-7 , Gnd	EGREE	ATTENDING PHYSICIAN	, to		or and from the	SIGNED
should be with the		Stephen P.		, M.			ton, Md	. 21601	1.37		190
∞ 5 ≤ 73	3a B	URIAL, CREMATION, REMOVA	236. DATE 8-5-		NAME OF CE		CREMATORY Cemete:	23d LOCATION CITY OF LOWN	ra l shi	COUNTY	Md. roline

Md A G 1 1987 PAGISTRAR'S SIGNATURE AND

DHMH - 16 50M 1/81 (VRA 15, 4)

THE FUNDAL PRESIDENCE STORY

EDM 4 -- TABLE

Bit . Dat Guine, and Will A game those sales and subject.

TOWNS CONTROL CARD CONTROL NEED TOWN OF THE CONTROL NEED TOWNS OF THE

Street, and the street, the st

should be detoched for use os the burial-tronsit permit. Then I with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate hos been

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

Newnam Funeral Home

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE REGISTRAR	CERTIFICATE OF DEA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH?

0	d	13	6	7
2	6.3	-	0	
DEC	NO			

		REGISTRAR						REG. N	J.	- 63	- 73		
	0.8	ASED NAME FIRST		IDDLE	11	AST		26 DATE OF DEATH	MONIH	DAY	YEAR 2014	26 HOU	49
	3 SEX	WILLI	4. RACE	James	5. DATE C		AY	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER	
	M	ale	White		03	05	YEAR 12	75	YRS	MONTHS	DAYS	HOURS	MIN.
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?							Y OF DEATH		
-		arvland	U.S.	Α.	WIDOWE		ORCED	TALL	ot		MD.		
-		TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INST	TUTION	126 USUAL OCCUPAT			CIND OI	BUSINE	SSOR
2	E	ASTON	///8	moRiA	L H	250it1	26	Waterman			Seaf	ood	
-	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR		GIVE RESIDENCE OFFORE	N	138 INSIDE CI		13e.STREET ADDRESS		0.1	000		
		20.0	bot	St Micha	aels_	Lat.	MAIDEN NAM	Marengo S	treet	21	663		
9	14. FA	THER'S NAME FIRST	MIDDLE	LAST			IRST	WIDDLE			Ton	00	
8	14- 34	James /AS DECEASED EVER IN U.S. AR	Franklin	Hadda		17 INFORMAL	nelia	ADDRI	ESS		Jon	es	
7		ES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219-14-3				laway P O B	ox 100	1 St	Mic	hael	s MD
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per l	line for (a), (b), on	d (4)		11			BE.	APPROXI	NATE INTER	DEATH
		IMMEDIA	TE CAUSE (a)		KER	PACMORY	VENDIC	was low	LANDIA		-	-	
		DUE TO, OR AS A CONSEQUENCE OF DID CO DUE CO. TO THE DESCRIPTION OF THE CO. T.											
		Conditions, if only, which gave rise to immediate (b) Sovero (1) Of DAIL GAMIOR DIA SAID (CAMIOR)											
		couse (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	1	0	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN P	ART 1 o		
-	ATIO	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH		N WAS PERFO	PAFD	20a AUTOPSY?	20b. IF YES	S WERE	FINDIN	GS LISEI	0
	CERTIFICATION	THE DATE OF OFERATION	170 COND	NOIVI OK WHICH	OFERATIO	- WASTERIO	WILD	YES NO	IN CERTIF	FYING C.			TH?
		21a. ACCIDENT WAS UNDERLYING	LIMBIT A A	FINJURY	AY YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR P	AR1 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19							- 3	
	WEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.	711 LOCATIO	N.	CITY OR TO	NWN	COU	NIY		STATE
		AT WORK NOT WHILE				19/2	67		16	Q	7	~	
		22a.1 certify that (1) (this hasp	(: 11	7	112/	(our) opinion o	death occurred on the d	ate and hou	19_4			we) lost
		now the decosed after at above (II) and (and) (and no 22b, SIGNATURE	view the bady	after deoth.	10	DEGREE	(our) opinion c	Jedin Occorred on me d	are and not		DAZE		area
		226. SHOPMAPORE	Ud	me of	La	MAS A	TTENDING PHYSICIAN D	MEDICAL STA		13	3/1	6-3	
		22d. PHYSICIAN'S HAME (TYPE	OR PRINT)			22e ADDRES	-	DIRECTOR PHISM	IAIV	1	14	1	
		8200	FR:600	now		4	03 W	anver CT t	ASTON	J NI	21	601	
		SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR C	REMATORY	234 LOCATION CITY OR TOWN	170	COUNT	Y		STATE
	B	urial	8/7/87	0	livet	Cemeter		St Michae	-	`albo			MD_
		JNERAL DIRECTOR		Easton N			25a. DAT	G 7 1987	25b REGIST	IRAR'S S	IGNAT	JRE	
	N	ewnam Funeral I	0 1 1301	Sfulsa	- Dear	der	Kand	all.					

Easton Maryland

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbangages. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.

	V					FOR
	- 9					- STATE
1	626	n	1	AHC	11	REGISTRA

pe moy

requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

2	4	4	6	9
REG	G. NO.			90

4 T 100	REGISTRAR					ICATE OF DEA			REG. NO.		76	
I DEC	CEASED NAME	FIRST	A	AIDDLE	la n d	AST		20. DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
(1177)	SF	RAH	E	sthel	H	4LL		(1	uoust	9.	1987	3
3 SEX		4	. RACE		5 DATE O			6. AGE (IN YE	ARS (AST BIRTHDAY)	IF Ut	NDER I YEAR	IF UNDER
Fe	emale		White	e	MONTH 6	4	O 1	8	6 _Y	RS.	HS DAYS	HOURS
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	B.	□ NEVER MAI	PRIED Y	9. BALTIMOR	E CITY OR COL	JNTY OF	DEATH	
	arvland			USA	WIDOWE		RCED	TAIDOT				
10 CI	ITY OR TOWN OF DE	ATH 1			IG HOME O	HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION			F BUSINE
1	EASTON		(IF NOT ASSOCIATED AS THE STREET		AL HOSpitAL			nemaker			ome	
	AL RESIDENCE IN NURS	ING HOME OF O		GIVE RESIDENCE BEFORE		134 INSIDE CITY	/ I IAA ITC 2	Ing. STREET A	DDBESS .		1 11	-
	aryland	-	n Anne			1/	IO M	13e. STREET A	n Street	t //	116	70
	ATHER'S NAME	1 1				15. MOTHER'S M		ME	- L			
V	James	M	IDDLE	Hall		A	nnie		E.	E	veret	tt
	160 WAS DECEASED EVER IN U.S. AL			166 SOCIAL SECU		17. INFORMANT			ADDRESS			
	(YES, NO OR UNKNOWN) (IF YES, G		WAR OR DATES]	220-07-3	3510	Willia	am Kn	otts	Templ	leville	e, MD)
		H (Enter only	one couse per									MATE INTER
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY:	Cever	_	choon		1110	Alsen	11		
	cause (a), static underlying cause		DUE TO, OF	r as a conseque	NCE OF							
NOIL	PART 2 OTHER SIGN	NIEICANI CO	onditions co	ontributing to a	DEATH BUT	conges	Live	hea	-+ 7	tail	ne	
TIFICATION	PART 2 OTHER SIGN	NIEICANI CO	onditions co		DEATH BUT	conges	Live	ZOO AUTO	FSY? 206 1	FYES, WI	N PART 110 ERE FINDING CAUSES	IGS USED
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oge 4 moy be rector, poge 3 wrs after death		DECEASED NAME	FIRST ES		Martin	H	AYMAN	20. DA		T 27,1	1987	12 AM
moy rer d		3. SEX		1100					(IN YEARS LAST BIRT	HDAY) IF UN		IF UNDER 24 HRS HOURS MIN.
Page 4		Male		Cauca		Nov	. 1, 190		82	YRS		
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AND 215	34	usual residence (* n. 13º STATE Maryland	Darc	line	Denton	N	13d INSIDE CITY LIM		REET ADDRESS Bight	h St.	216	29
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low require that the second of completely filled in by the this certificate has been signed by of the buriol-fronsit permit. Then the permit is the modern of the production of the principle of the buriol-fronsity filled in by the hard-hygere prior to be med.	mit. Then plant price to be and injury, or other troumo	Conditions, if ar gave rise to it cause (a), sto underlying cau	mmediate	(b)_	R AS A CONSEQUI	Can	cen Ctyp	e un kne	nu)			
ECORDS, 20 ow require to been signered. Then prior to be prior to be to		PART 2. OTHER SIGNAL PROPERTY OF THE PROPERTY	_				NOT RELATED TO TH		ISEASE OR CONI	206. IF YES, WI		3S LISED
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DIVISION NG PHYS offer this cost be burned the ond Me	ò	21d INJURY OCCU		21a. PLACE		ARM ETC)	211 LOCATION	- 6"	CITY OR TO	wn	COUNTY	STATE
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AL OR A V the hos XAL DIREC	IT: If hem	276. SIGNATURE	mia	Ag	ree MP		DEGREE ATTENE PHYSIC	DING MED	ICAL STAF	F IAN 🗌	220 DATES	-7/87
TO HOSPITAL (retained by the TO FUNERAL I should be deto- with the State E	MPORTANT	Moni C	2.6	ree MD	57.7		270 ADDRESS CA	rpline l	Healthon, Mr	Sory'd		
	5	23e BURIAL, CREMATION	N, REMOVA				EMETERY OR CREMA	TION!	LOCATION CITY OF TOWN		DUNTY	STATE
BP	-	Buria	0 . /	8/29	/87 Go	ncor	d Cemete	250 DATE RECU	Denton	Caroli 29 REGISTRAR		MD
DHMH - 16 50M 1 (VRA 15, 4)	/81	Handos	DUV	1/67	E MOST	ula	4Md.	SEPO	8 1987	Julia Das	ndern-Re	when

Andrew St. Commencer St. Comme

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ARYLAND 21201	•	ing thin 24 hours after death. Page 4 may be		The led in by the function director, page 3 will be taked within 72 hours after death	Activities (The de office.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 4 REG. NO.

4	1-	FOR STATE REGISTRAR	DEPARTM	SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GJENE 2 4 4	7 0		
	DEC	CEASED NAME FIRST HELEN	MIDDLE A	HAYWArd	20 DATE OF DEATH MONTH	14-87 12 AM		
9	3. SE)	emale	B/K	5. DATE OF BIRTH MONTH DAY YEAR 26 27	6 AGE (IN YEARS LAST BIRTHDAY)			
5	(COUNTRY) Md		MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	TALOOT 120 USUAL OCCUPATION	MD.		
-	USUA		THER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN	ADMISSION)	138. STREET ADDRESS	INDUSTRY 2 19.13		
	14. FA	TALL TALL	Trappe	YES NO DE NO	Kont #2	Bey 149		
		VAS DE LEASED EVER IN U.S. ARM YES, NO COULDED TO THE SET OF THE S	AED FORCES? 166. SOCIAL SECUR WAR OR DATES) 25-16-8	RITY NO. 17 INFORMANT	ADDRESS HO	y ward.		
7		PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and	Jeps 4		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH WELKS		
		Canditians, if any, which gave rise to immediate cause [a], stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	A10018/150		years		
	NOIL		ONDITIONS <u>CONTRIBUTING TO D</u>	DEATH BUT NOT RELATED TO THE TERM				
	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED	YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR AM MONITH DA		RRED (ENTER NATURE OF INJURY IN ITEM			
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspite	(AT HOME STREET, FACTORY, OFFICE, FA		L. to 8-14	COUNTY STATE		
		saw the deceased alive on abave, (1) Awe) (did) (did no) 77b. SIGNATURE	1 - 1 -	DEGREE ATTENDING	death occurred an the date and I			
		THE PHYSICIAN'S NAME TYPE OR		22n ADDRESS				
		BURIAL, CREMIATION, REMOVAL	8/18/87 8	PANE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
	24. FU	UNERAL DIRECTOR NAME PLAY F	1 Dashell Dress &	Easter md. SE	PO1 1987 Julio	Sur land - North 1885		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

IMPORTANT: If them 21 is marked as them 18 shows any injury, as other traumatic TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene price is burial, eventular

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oy be death	1 DECEASE (TYPE OR PRIN	m AA	Mildred	MIDDLE Rebeco	LING	HOLLINGS I SWORT			8 - 9 -	87	620PM
ge 4 moy ector. po rs ofter d	3. SEX	Female	4 RACE		5. DATE OF I	17, 1915		AGE (IN YEARS LAST BIRTH	YRS.	ONINS DATS	IF UNDER 24 HRS HOURS MIN.
To BIRTHPLACE COUNTRY) MAT		ACE (STATE OR FOREIGN	1100 100 100 100	WHAT COUNTRY?	MARRIED (NEVER MARRIE	ED 🗀	TALBO	COUNTY	OF DEATH	MD.
by the full filed with	EA	EASTON		11. NAME OF HOSPITAL, NURSING HOME O (MAINT INSUCH FACILITY, GIVE STREET ADDRÉSS)				12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)		126 KIND OF BUSINESS OR INDUSTRY Home	
AND 21;	Mary			130 CITY OR TOWN	ne 13	INSIDE CITY LIA		R.D. 1, Bo		216	557
mARYI; MARYI		Eli jah	MIDDLE	Dean		MOTHER'S MAID		Rebecca	-	Spar	
BALTIMORE ote be exect siction and or spers. Pages vol.	(YES, NO	ECE ASED EVER IN U.S. OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	220-80-38		nomas M.	Husba Holli	ingsworth,			1d. 21657
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VITAL RECORDS, No. The low require hysicion. Total permit. Then Hygiene prior to be the start of the start	RTIFIC	ATE OF OPERATION		PITION FOR WHICH C			= 24	200 AUTOPSY?	IN CERTIFY!		
SICIA SICIA ng ph certif tentol	OR CO	ACCIDENT WAS UNDERLYING DINTRIBUTING DECAUSE OF STREET NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	DEATH HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY	YE AR	1c. HOW INJURY (OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PAR	T OR PART 2}	
DIVISION OF ENDING PHYSICIA of or ortending pl 8. After this certif rive os the buriol-t Health and Mental is marked or fem	22 o. 1	E NOT WHILE CAL WORK certify that (I) (this ho	spital) attended th	REET FACTORY, OFFICE, FAR	RM, ETC)	STREET	37	to 8/9	. 19	-	STATE not (It (we) lost
O HOSPITAL OR ATTI fromed by the hospit of Furefield DRECTG hould be detached for	22b. 5	shave, (I) (we) (did) (did)	OI DE	u	MDE	GREE ATTEND	DING A	1-4	stown,	22c. DATE S	
BP	(SPECIFY	, cremation, remov B urial	Aug. 1	2,1987 Woo			Park	23d LOCATION CITY OR TOWN Easton		lbot.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		s H. Bartor	ton Fune	ral Home entreville	e, Md.	21617	AUG 1	7 1987		ar's signatul	

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description, Jr., Contravilla, ed. 21 hr (All 112 kg

STATE OF MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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er death		CEASED NAME FIRST	MIDDLE S		5. DATE OF	LOT BIRTH	Jr.	20. DATE OF DEATH MO	3-28-8	37 6 Am
/	100	Male	White		05	23	14	73	YRS WONTHS DA	
35	N	IRTHPLACE (STATE OF FOREIGN COUNTRY) //aryland ITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACE)		WIDOWED G HOME OR		ORCED	9 BALTIMORE CITY OR C 1 A LB 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W.)	12b KIN	MD HD OF BUSINESS OR TRY
35	13a N		ROTHER INSTITUTION GIVE F NTY 13c.	OCIAL ESIDENCE BEFORE CITY OR TOW Micha	ADMISSIONI N els		Y LIMITS?	Court Commis 13e STREET ADDRESS / ZI Rt 1 Box 611	ssionel Co	unty Gov't
00		ATHER'S NAME FIRST Ralph	Sutton	Hun1	Sr	L	MAIDEN NAM PST Ola	WIDDLE		Iunt
medica	(VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI VES W	VE WAR OR DATES)	SOCIAL SECU 2-09-4		1 INFORMAN		Rt 1 Box 611		els MD 2166
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line of ED BY TE CAUSE (a)	2A1 A	dieu /	NETA	574	885	RETWIND APP	POXIMATE INTERVAL EEN ONSET AND DEATH
ijury, ar ather traumati	NO	Canditions, if any, which gave rise to immediate cause iol, stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS		NCE OF	SUC OT RELATED T	LUN O THE TERMIN			'5 m
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION	WAS PERFOR	MED		OL IF YES, WERE FIN N CERTIFYING CAU YES	
19	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. P.M.	MONTH DA	Y YEAR			D (ENTER NATURE OF INJURY IN	HITEM IS PART I ORPART	2)
orked or	MED	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET FA		ARM, ETC)	VII LOCATION	• • • • • • • • • • • • • • • • • • • •	CITY OR TOWN	COUNTY	STATE
of Hear		22a I certify that (I) (this hasp saw the deceased alive ar above, (I) (was (did) (did no	F 20	19 0	2, and	that in (my) (a	, 19 6 8 our) opinion de	eath occurred an the date	and have and fram	that (1) (we) last the causes stated
State Dept	200	22b. SIGNATURE 22d. PHYSICIAN'S NAME THE	# 80C	any	en	GREE AT PH	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	A	ATE SIGNED - 2 S- 57
with the State [Stephen P. Car	ney, M.D.			Dutch		ane Easton, N	Maryland	Zunie.
		Burial, cremation, removal Specify Burial Uneral director	23b. DATE 9/1/87			n Memo	orial Pk		COUNTY	ot MD
6 60M 7/B4		Newnam Funeral	Home, East	on, Mar	yland		AUG S	REC'D. BY REGISTRAL 1	a Davidson	onder

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE
CERTIFICATE OF DEATH

2 4 REG. NO. 4

3. SE:	Female		White		Octo	ber 29,1911	6 AGE (IN YEARS LAS	YRS	MONTHS DAYS	HOURS
M	IRTHPLACE (STATE OR F		ι		WIDOWE		9 BALTIMORE CIT	bot	Y OF DEATH	
1	EASTON	1	Memori Memori	al Hospita	DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC Hom			F BUSINES
13a S	AL RESIDENCE (IF NURS STATE MD	Dorch	Υ	GIVE RESIDENCE BEFORE A 13c, CITY OR TOWN Hurlock		134 INSIDE CITY LIMITS?	Pine Top	Road	/21643	
IA FA	ATHER'S NAME FIRST William	A I	T.	Davis		15. MOTHER'S MAIDEN NA Sophia	MIDDI		Era	ST
	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES!	166. SOCIAL SECURI		Irene Harpe		oBox 2 sdale,		559
	18. CAUSE OF DEATH	H (Enter only	one couse per	r line for (a), (b), and		6:1.			APPROX BETWEEN	MATE INTERV ONSET AND D
NO	Conditions, if any, gave rise to imm couse (a), statin underlying cause	which nediote go the lost.	CAUSE (0)	OR AS A CONSEQUEN	NCE OF	Li Cardio VA			IVEN IN PART 10	O
FICATION	Conditions, if any, gave rise to imm couse (a), statin underlying cause	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	OR AS A CONSEQUEN	NCE OF EATH BUT They	Ti Cardio Va	MINAL DISEASE OR C	ONDITION G	ES, WERE FINDI	NGS USED
AL CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 196. DATE OF OPERAL 216. ACCIDENT WAS UNK OR CONTRIBUTING	which nediote g the lost. NIFICANT CO	DUE TO, O DUE TO, O (c) DUE TO, O (c) DIDITIONS C ESTIMATION 216 TIME C HOUR A	ONTRIBUTING TO DE	NCE OF EATH BUT I DPERATION Y YEAR	Ti Cardio Va	200 AUTOPSY?	ONDITION G	ES, WERE FINDI IFYING CAUSES (ES	NGS USED
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-	Conditions, if any, gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA! 21a. ACCIDENT WAS UNE OR CONTRIBUTING COUSE (IF EITHER NOTHY MEDIN 21d. INJURY OCCURR WHILE NOTHY MEDIN 270. I certify the 20 sow the decase above. Twe) (c) well as well as a sow the decase above. The limit of the couse of the cou	which nedicte g the lost. NIFICANT CO POERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito)	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 216 TIME C HOUR A P. 216 PLACE IAT HOME ST	OR AS A CONSEQUENT ON TRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION EUR WAYCH OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FAR	NCE OF EATH BUT LOOP Y YEAR 19 RM. EIC 1	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUTOPSY? YES NO CENTER NATURE OF	ONDITION G 20b. IF YI IN CERT Y IN JURY IN ITEM 18	ES, WERE FINDING CAUSES (ES PART 1 OR PART 2) COUNTY 19 19 19 10 10 10 10 10 10 10	NGS USED OF DEATH NO str
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DHMH - 16 50M 1/81 (VRA 15, 4)

requires that the

AFTENDING PHYSICIAN: The low

retained by the haspital ar attending physician.

TO HOSPITAL

064604

in 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

St	p -	-)GATRAR	CERTIF	ICATE OF DEATH	REG. NO.		
	1 DEC	CEASED NAME FIRST	WIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HC	
		13/27	CHE NO	zwell	X	1/8/2.	
	3. SEX	5-1-06	RACE S. DATE O		S. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	ER 24 MRS
4	70 BIF	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	6 01	BALTIMORE CITY OR COUNT	Y OF DEATH	_
1	C	F/2.	115A MARRIED WIDOWE	DINEVER MARRIED DIVORCED	THELAT		MD
V	10 C1	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORKING	126 KIND OF BUSH	NESS OR
4	E	ston	Markt & Bay	1596	Maches.		
1	130 S	AL RESIDENCE LIF NURSING HOME OR OTH STATE 136 COUNTY		13d INSIDE CITY LIMITS?	3. STREET ADDRESS / ZIP COI	DE Q/GE	3.
1	I4 FA	THER'S NAME		15 MOTHER'S MAIDEN NAM	E	2 12 11 11 12	
0) <	2 muel	b Leggott	Sar e	4 MIDDLE	odiquez	
		VAS DECEASED EVER IN U.S. ARME VES. NO OR UNKNOWN) (IF YES GIVE W	D FORCES? 166 SOCIAL SECURITY NO. 226 32-9176	Le/a	Ascherd-	30m	
-		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line far (a), (b), and costs. SY. CAUSE (a)	in failure		APPROXIMATE IN BETWEEN ONSET AN	TERVAL NO DEATH
١		IMMEDIATE	AUSE (a)	iac jailur			
1			DUE TO, OR AS A CONSEQUENCE OF	. O sie a	enere lines		
1		Canditians, if any, which	(b) NTRest	oscerosis, go	new jew		
1	W	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	0			
П			(c)				
	NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or condition G	IVEN IN PART I a	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS US	ATH?
+	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1214 HOW IN HURY OCCUPPE	YES NO YE	YES NO	<u>U</u>
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	THE THOU WHO WIT OCCORNO	D (SUISK NATURE OF INSURT IN TERM TO	(PART OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED	P.M. 19 21e PLACE OF INJURY	21f LOCATION			
	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220 1 certify the 11) this haspital	attended the deceased from	2019 19 H	10 Avg 17	19 81 that (I)	(we) last
1		saw the leceased alive an above (II) we) (did) (did nat) y		nd that in (aur) apinion de	eath accurred an the date and he		
		226. SIGNATURE	n 260	DEGREE		22c. DATE SIGNE	D
		Thaller	11110	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	8.23	8+
/		270. PHYSICIAN'S NAME (TYPE OR PR	Crowley	22e ADDRESS	aston. UD		
+	230 B			EMETERY OR CREMATORY	236 LOCATION		
	4	ancon P	9/24/87 16m	1128	CHYORIOWN LAND	COUNTY	STATE
	24 FL	JNERAL DIRECTOR	1 1 2	250. DATE	REC'D. BY REGISTRAR 256 REGI	STRAR'S SYNATURE	
	34	Land How	a Lacal ADDRESS	200 SEP C	1 1087 Julia De	Herry-African	1

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers-with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the

SEP O 1 BEE SEE

2 4 REG. NO.

DAY

YEAR

26 HOUR

Helen	m John	SON	8-14-87	12:15 M
MALE	BACK S. DATE O	4-123,1920	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HIPS MONTHS DAYS HOURS MIN.
MS.	U.S.A WARRIEL	DI NEVER MARRIED U	TALBOT	MD.
R TOWN OF DEATH	ASTON MEMORIAL		2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
O VEE	LANE 136. CITY ON JOWN	YES NO	3. STRPET ADDRESS	21617
O) VERIO	COLE	15. MOTHER'S MAIDEN NAME	MIDDLE	LAS1
DECEASED EVER IN U.S. ARME O OIR UNKNOWN) (IF YES, GIVE W		GEO. W.	1500 CE	itter? He Me
CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	1110001000100	al carci	nomatosi	BETWEEN ONSET AND DEATH Lancontain
nditions, if any, which ve rise to immediate use (a), stating the derlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	-		
T 2 OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION	GIVEN IN PART 110
DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E1C.)	211 LOCATION STREET	CITY OR TOWN	COUNTY LSTATE
certify that (1) (this hospital)	attended the deceased from 7-2	2 1987	. to 8-14	, that (I) [we] last
saw the decays dalive an above, (I) we (did) (did not) v	8-14 19.87 or iew the body after death.	0	ath accurred an the date and	hour and from the causes stated
obove, (I) (we) (did) (did not) v SIGNATURE Robert W.	8 14 19 8 7 , or	DEGREE ATTENDING PHYSICIAN	oth accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED 8-14-87
OBOVE, (I) (WO) (did) (did not) V SIGNATURE ROBERT W. PHYSICIAN'S NAME I TYPE OF PR	8-14 iew the body after death. Trever, M.D. W. TREVER	DEGREE ATTENDING PHYSICIAN D 120 ADDRESS RD3 BC	MEDICAL STAFF DIRECTOR PHYSICIAN □ 297 Eo	224 DATE SIGNED
obove, (1) (we) (did) (did not) v SIGNATURE ROBERT W. PHYSICIAN'S NAME I TYPE OR PR	8-14 Traver, M.D. PILL VER TRAVER TRAVER	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D 29 7 E 23d LOCATION CITYON	8-14-87

OR ATTENDING PHYSICIAN: The law attending physicia etained by the haspital ar HOSPITAL 0 BP

> DHMH - 16 50M 1/81 (VRA 15, 4)

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AT WORK

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226. SIGNATU

23a BURIAL CREMA

24 FUNERAL DIRECT

NAME

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TO FUNESAL DIRECTOR, After this certificate has be should be detached to: use as the busine-transit permi with the State Dept. of Health and Mental Hygiene pri

TO HOSPITAL OR ATTENDING PHYSICIAN, The SO

enoined by the hospital or

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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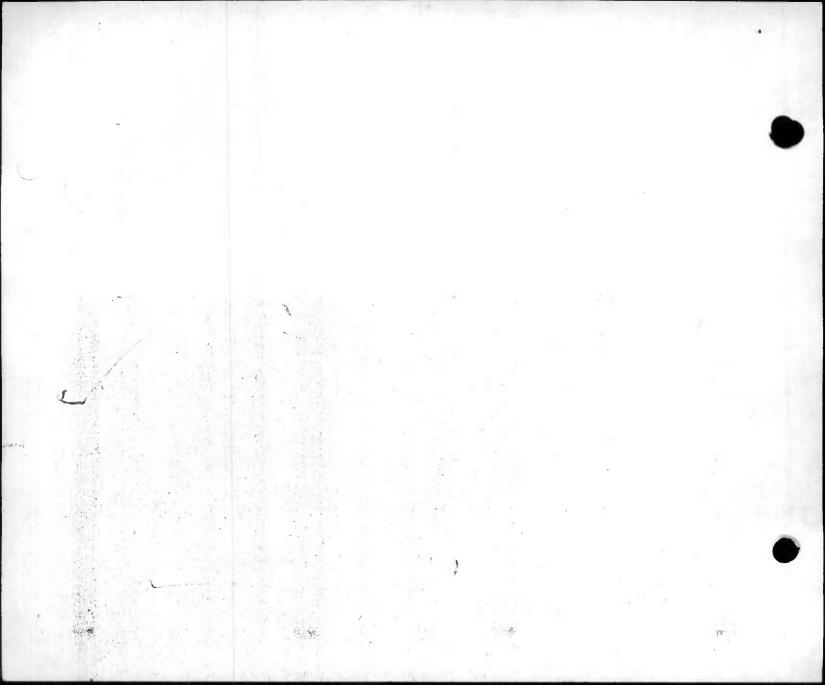
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ı	1	_	STATE
			DECICTOA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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600	-	- 4		9
REC	S. NO.			- 3

4 8	CEASED NAME	FIRST	A	NIDDLE	L/	AST	REG. NO	MONTH DAY	YEAR	26 HOL	IR
	Presil:	AMES		R.OBERT	La	munbs		8 29	87		40
3. SEX	1		ACE	(· · O.D.LLVIII	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER	24 HR
	MALE		CAUC.		HTMOM	Y 25°, 1912°	75		THS DAYS	HOUR5	Mil
7= B1	RTHPLACE ISTATE OR F			WHAT COUNTRY	(2 1.		1. BALTIMORE CITY O	R COUNTY OF	DEATH	-	-
- 3	MARYLAND		U.S.A		WIDOWE	DINEVER MARRIED DIN	Talbo	1 0			
_	ITY OR TOWN OF DEA		NAME OF H	OSPITAL, NURS	ING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATE	ON	126 KIND C	OF BUSIN	
	Easton		pre-	FACILITY, GIVE STREET	MEMO	0.01	(TYPE OF WORK FOR MOST OF				
-USU/	AL RESIDENCE OF NURS			GIVE RESIDENCE BEFO	DRE ADMISSION)			PAIN	TIAL		_
10000	ARYLAND	TALBC	YIP	ST. MIC		13d. INSIDE CITY LIMITS?	GLORIA A	VE.	216	63	
-	THER'S NAME	IALIDO)1	DI. MIC	ALIDIO	15. MOTHER'S MAIDEN NA					_
0	LICHALADE	NICHOL		DATE TAST	5.454	FIVMA I	AVINIA SCH	ARCH	LAS	51	
lán. V	VAS DECEASED EVER			166. SOCIAL SEC	CURITY NO	17 INFORMANT	ADDRE	SS			_
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	219-03-0		Charles Ledr	116 Glo				
	NO					Charles Led	St. Mic	chaols.		2166	_
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only on AS CAUSED BY	ne couse per	line far (a), (b), a	and (c).)	2 101			BETWEEN	ONSET AND	DEA
		IMMEDIATE CA		SPPS	15-0	overwhelms	ng				
	underlying cause	lost.	(c)								
TIFICATION	Metastat	re Pros	static	CA, C	VA,	NOT RELATED TO THE TERM OBS, Tachy N WAS PERFORMED	INAL DISEASE OR CONI	200 IF YES, WIN CERTIFYIN	VERE FINDI	NGS USE	TH?
CERT	Metastat	DERLYING CAUSE OF DEATH	196 CONDI 216 TIME OI HOUR A.	CA C TION FOR WHICE	H OPERATION	OBS, Tachy	YES NO NO	20b IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USE	TH?
CERT	Metastat	DERLYING CAUSE OF DEATH	196 CONDI 216 TIME OF HOUR A./ P./ 216 PLACE C	FINJURY M. MONTH	DAY YEAR	OBS, Tachy	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR	200 IF YES, WIN CERTIFYIN YES [VERE FINDH NG CAUSES OF PART 2)	NGS USE OF DEA NO [TH?
	Metastat 190 DATE OF OPERAT 710. ACCIDENT WAS UNC OR CONTRIBUTING (IF EITHER NOTHY MEDIX 714 INJURY OCCURR	DERLYING CAUSE OF DEATH ALEXAMINER)	196 CONDI 216 TIME OF HOUR A./ P./ 216 PLACE C	CA C TION FOR WHICH	DAY YEAR	OBS, Tachy	YES NO NO	200 IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES	NGS USE OF DEA NO [TH?
CERT	Metastat 19a DATE OF OPERAT 21a, ACCIDENT WAS UNE OR CONTRIBUTING CIFE ETHER NOTIFY MEDIC 21d INJURY OCCURR 27a I certify the decease one (1) we) (2)	DERLYING AUSE OF DEATH CALEXAMINER RED OK	216. TIME OF HOUR A.P. P.P. 21e PLACE (AT HOME, STR	FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE	DAY YEAR 19 E. FARM. EIC)	216. HOW INJURY OCCURS 216. LOCATION STREET 21 that in (my) Dour) opinion	200 AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OR TO	206 IF YES, WIN CERTIFYIN YES [VERE FINDS NG CAUSES 1 ORPART 2) COUNTY	NGS USE OF DEA NO	TH?
CERT	Metastat 19a DATE OF OPERAT 21a, ACCIDENT WAS UNE OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d INJURY OCCURE THE WOLL OF THE	DERLYING	21b. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME, STR pittended the	FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE	DAY YEAR 19 E. FARM. EIC)	216. HOW INJURY OCCURS 216. LOCATION STREET 216 that in my Dour) opinion of the composition of the composi	200 AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OR TO	20b if YES, WIN CERTIFYIN YES [17 IN ITEM TE PART WAN TE and hour all the Service CE	COUNTY	NGS USE 6 OF DEA NO [TH?
CERT	Metastat 19a DATE OF OPERAT 21a, ACCIDENT WAS UNE OR CONTRIBUTING CIFE ETHER NOTIFY MEDIC 21d INJURY OCCURR 27a I certify the decease one (1) we) (2)	DERLYING	21b. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME, STR pittended the	FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE	DAY YEAR 19 E. FARM. EIC)	216. HOW INJURY OCCURS 216. LOCATION STREET 217. ATTENDING PHYSICIAN 1228. ADDRESS	ZOO AUTOPSY? YES NO ENTER NATURE OF INJUR CITY OR TO: death accurred an the do MEDICAL STAF	TOOL IF YES, WIN CERTIFYIN YES [AV IN HEM TO PART WAN THE GOAL TO THE TOOL	COUNTY	that (II)	TH?
MEDICAL CERT	Metastat 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 17a I Certify that (1) 27a I certify that (1) 27a I certify that (1) 27a I physician's Na 27d. Physician's Na 3URIAL, CREMATION,	DERLYING CAUSE OF DEATH CAUSE OF D	21b. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME, STR pittended the	TION FOR WHICE FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE offer death.	DAY YEAR 19 E, FARM, ETC)	216. HOW INJURY OCCURS 216. LOCATION STREET 217. ATTENDING PHYSICIAN 1228. ADDRESS	ZOO AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TO: , to 20 death accurred on the de MEDICAL STAF DIRECTOR PHYSIC OX 122 Ge [23d LOCATION	TOOL IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WAN THE ONLY OF THE ONLY	COUNTY	that (I) (Couses st	STATE Wender
MEDICAL CERT	Metastat 19e DATE OF OPERAT 21e, ACCIDENT WAS UNE OR CONTRIBUTING CARREN 21d INJURY OCCURE 21d INJURY OCCURE 27e Certify that (by day the decease open (b) we) (c) 77e DEMATCHE	DERLYING AUSE OF DEATH ALUSE OF DEATH ALUSE AND AUSE OF DEATH ALUSE OF DEATH AL	21b. TIME OI HOUR A./ P./ 21e PLACE (AT HOME, STR pitended the STR with bady:	TION FOR WHICE FINJURY M. MONTH M. DF INJURY EET FACTORY, OFFICE offer death.	DAY YEAR 19 E, FARM, ETC)	216. HOW INJURY OCCURS 216. LOCATION STREET 216. LOCATION STREET 217. ATTENDING PHYSICIAN PHYSICIAN 228. ADDRESS CHS PO B	ZOE AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TO: CITY OR TO: CITY OR TO: ABDICAL MEDICAL STAF DIRECTOR PHYSIC OX 122 G	TOOL IF YES, WIN CERTIFYIN YES [AV IN HEM TO PART WAN THE GOAL TO THE TOOL	COUNTY	that (I) (Couses st	STATE Well of the Color of the

VOID DEATH CRETIFICATE NUMBER ---87-24477



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may

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pe	eoth eoth		100	1 DECEASED N {1YPE OR PRINT}
4	ector, po			3. SEX
deoth. Po	unerol dir	of the second		7a BIRTHPLACE COUNTRY)
		4 moy be for, page 3 offer death	4 moy be for, page 3 ofter death	4 moy tor, pog ofter de

and completely filled in by the

in annual physicion and col atten, or removol.

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TO FUNERAL DIRECTOR, After this certifical that the should be detached for use as the burial-transit sering with the State Dept of Health and Mental Mysteric preretained by the hospital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

478 2 4

D.G	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	2-0	
	ECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH		VEAR	26 HOUR
3. 51	MildRe	A. RACE	Is. DATE C	PSCOMb	& AGE IN THE LAST B	RIHDAYI F UP	987	IF UNDER 24 HRS
1.5	F	B	MONTH		76	YRS		HOURS MIN
70. E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
1	IVV,	11. NAME OF HOSPITAL.	WIDOWE		141	bot		JM.
14	EASTON	(IF NOT IN SUCH PICILITY, G	OCIAL +	LaspitAL	120 USUAL OCCUPATIVE OF WORK FOR MOST		NDUSTRY	BUSINESS OR
136	JAL RESIDENCE (IF HIRSING HOME OF	OTHER INSTITUTION GIVE RESIDEN NTY 136, CITY (OR TOWN	134 KNSIDE CITY LIMITS? YES NO P	13. STREET ADDRESS)eck &	26	effer 0
IA F	EATHER'S NAME FIRST CURTIS	SHUNDON	LAST	15. MOTHER'S MAIDEN NA	MIDDLE (SAUN	last	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GIV		AL SECURITY NO.	17. INFORMANT	the RRC	DWW		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for to	1, (b), and (c).}		16.15	·(Lun	APPROXIM BETWEEN O	NATE INTERVAL
L	IMMEDIA	TE CAUSE (0)		CONSTRUK	S Proof C	Mare	Chr	mar
	Condition 16 (1)	DUE TO, OR AS A CO	NSEQUENCE OF	Denal	Farlux	P	Can	arc
L	Conditions, if any, which gave rise to immediate	(b)		- Charl	Jack Lan		4	
	couse (a), stating the underlying couse last	DUE TO, OR AS A CO	NSEQUENCE OF	ASH 5			che	rentz
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COI	NDITION GIVEN I	N PART Iro	
NO.		24,29						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WI IN CERTIFYING YES	G CAUSES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1	OR PART 2	
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	,	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY	, OFFICE, PARM, ETC.)	3		1		
	22e.1 certify that (I) (this hosp sow the deceased alive on		9-7	nd that in (my) (our) opinion	denth occurred on the	19_		hot (I) Me) los
	obove, (I) (ve) (did no	t) view the body ofter deat	h.	DEGREE	dediti occorred on the	sore one moor on	22c. DATE S	
	V. Srever	Code	War	ATTENDING	MEDICAL ST.	AFF ICIAN 🗌	8/4	8
	P.GREGE RH	ades, Mit		303 Dutch	num's La	me, Eas	ton	Md यह
23a	BURIAL, CREMATION, REMOVAL	236. DATE Q//7/57	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	den "	Q 14	a Ald
24	EUNERAL DIRECTOR	A -	DDRESS EPS	a poli 24 PM	TE REC'T BY REGISTRA	R25K RECTURN	SES TONE	JRE /
		11 / I K	.O. RV6	Al Que AU		/		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

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DEC	NO			

524	5 SEP 14	2.5	FOR STATE REGISTRAR				ICATE OF I		REG. NO.	4 7	7	
9	deoth deoth		CEASED NAME FIRST		MIDDIE		MALC	oney	20. DATE OF DEATH M	ONTH DAY	87 Zh	HOUR 22
4 moy	or. pos	3. SE	x	4 RACE		5. DATE (OF BIRTH	VEAD	AGE LIN YEARS LAST BIRTHI	DAY) IF UND		UNDER 24 HRS
900	direct	70 B	Female RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	Jar	n 5	1911	76 BALTIMORE CITY OR	YRS.	EATH	
eoth.	n 72 h		Maryland		JSA	MARRIE	D NEVER	MARRIED	TAL	BOT		MD.
ferd	2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS		2a USUAL OCCUPATION		DUSTRY	SUSINESS OR
1201	y all	JUSU	AL RESIDENCE 1 IF NURSING HO	ME OR OTHER INSTITUTION	OF IAL	ADMISSION	SPITI	AL	Housewife		h	ome
LAND 2120	Page 1	13a. S	STATE 136 C	aroline	Greensh	'N	YES T	NO X	30 STREET ADDRESS / 2	ZIP CODE	2163	9
Within	d 2 and d 2 and d 2 and d 2		ATHER'S NAME	WIDDLE	IAST		15. MOTHER	S MAIDEN NAM	E MIDDLE		LAST	
E, MA	d E	140	Thomas VAS DECEASED EVER IN U.S	APMED FORCESS	Tribbit		17. INFORMA	Bessie	ADDRES		omas	
BALTIMOR	Poge dic			S, GIVE WAR OR DATES)	220-03-			Collins		ensboro	. MD	
BALTI cote b	ysicio opers. vol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per			0	0	0			TE INTERVAL SET AND DEATH
1ST.,	bonp remo			DIATE CAUSE (o)	typ	ngla	-anti	u den	Lemos		1200	<u></u>
PRESTON he deoth c	to and		Canditians, if any, which		R AS A CONSEQUI	NC OO	em de	ers (f)	a comeni	a (and	0
, PRE	M		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUI	ENCE OF	1 119					
201 W	(100)		underlying cause lost	(c)		25.24.01.2						
	1	Z	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	O TO THE TERMIN	I AL DISEASE OR CONDI	TION GIVEN IN	PART Ira	
RECORDS	6.111/7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	706. IF YES, WER	E FINDINGS CAUSES OF	S USED DEATH?
TAL	1117	ERI	71g. ACCIDENT WAS UNDERLYING	S 7 716 TIME C	OF INJURY		71c HOW IN	VIURY OCCURRE	YES NO	YES		NO []
OF V	or the state of th		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH D	AY YEAR			D (Enter Anion Or Indon			
DIVISION OF	the burned on th	MEDICAL	214 INJURY OCCURRED	ZIE PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATI	ON	CITY OR TOWN	,	DUNTY	STATE
DING SING	After e os the ofth o		while NOT WHILE AT WORK 27a t certify that (1) (this h		Aderensed from		4/18	10 98 1	to 9	1 2 104	7 100	ot (l) (we) lost
TEN	for us of He 21 is		sow the dece	- onS	127 192	7.0	nd that in (my) (out) apinian de	oth occurred on the date	and haur and		
O S A	DIRECTOR DO POST DE PO	P	776 SIGNATURE	M	0 M/	,	DEGREE	ATTENDING	MEDICAL STAFF		21 DATE SIC	MED
PITAL	SAL det	-	77d Physician's NAME (1	EXPE OF PRINTS	de In	_	27e ADDRES	PHYSICIAN	DIRECTOR PHYSICIA	M 🗌	01-0	8)
HOS	P P P P P P P P P P P P P P P P P P P		PERHODE	MD			503	Dutch	nen's lang	Easter	· Me	21601
5	Short Short	23a	BURIAL, CREMATION, REMO				EMETERY OR	CREMATORY	736 LOCATION	cou	WY	SINKE
В	BP	74 5	Burial UNERAL DIRECTOR	8-3	80-87	Green	sboro	Cemeter	Greensh		SIGNATUR	- SMD
DHA	AH - 16 60M 7/84 (VRA 15, 4)	1	John E. Boul	ais (ADDRESS	CO MI		SEP	0 8 1987	ulia Devid		

Greensboro, MD

John E. Boulais

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2.1-						E OF MARYLAND				
065259 SEP		FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. NO	4 4 6	3 0	
o m =	1 DE	CEASED NAME FIRST	Λ.	MIDDLE		LAST		MONTH DAY		b HOUR
oge 3		narbu	18	1. 1	ar	small		000	87	7150Am
F Her D	3. SE	X	4. RACE		5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MON!		F UNDER 24 HRS
98 0	D	rale	white		Jan	14, 1896	91	YRS.		
a 32 /2/2		RTHPLACE (STATE OR FÖREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
9 11 /2		'enna	US		WIDOW		Talbe	96		MD.
11/2/2	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS) :	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST OF		26 KIND OF E	BUSINESS OR
0 1 1	0	aston	NIEM	rorial	H	spital				3.55
200000	13a, 5	AL RESIDENCE (IF NURSING HOME OF TATE 136. COL	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	01	1//2
AN S ST	Ma	ryland Ken	t	Betterton		YESKIX NO	EFFET ADDRESS /	Ave	0-1	610
# 12 /9//	14. EA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
M 5 99 7	1	Albert Marsh	a11	6431		Lois Dunbar	WIDDLE		ŁAST	
# 1 17		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
IMO POD A	ye	(IF YES, G	VE WAR OR DATES)	067 10	0034	Deceased wh:	ile living			
THE SECOND		18. CAUSE OF DEATH (Enter of	nly ane cause per	line far (o) (b), and	dieni)			I	APPROXIMA BETWEEN ON	TE INTERVAL SELAND DEATH
The state of the s	>	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Hys	In te	Vson		37000		hu
N an Bellion		88/		R AS A GONSEQUE	NA A	1 1				
15		Canditions, if any, which	((b)	K AS A GOLYSEGUE	/ See	ely				
Z /A NII		gave rise to immediate cause (a), stating the	DUE TO, O	as a Coducante	NCFOF	, 11			110	7
3 (20 2) 5		underlying cause last.	(c)	K AS ACCIONS	wi	Ville			48.	m.
8		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							N PART Ira	
SON THE STATE OF THE SECOND	CERTIFICATION									
0 1 11 177	CAT	190 DATE OF OPERATION	19b. 54 ND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WE	RE FINDING	S USED
# 25 2 1 1 C	TIF	8/15/8/	King	an Fern	ord 1	nech Fracture	YES NO NO	YES [NO [
5 25 30f 8/	CE	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	ORPART 2)	
0 00 101	CAL	OR CONTRIBUTING CAUSE OF DE			19					
0 17 11 5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM EYE V	211. LOCATION	CITY OR TO	WN (COUNTY	STATE
N Statisto	2	AT WORK NOT WHILE AT WORK	TAT NOME SIR	REET, PACTORY, OFFICE, P.	ARM EIC)	1	1-			
A A STORY		22a.1 certify that (1) (this hasp			208	190	1, to 8/28	19.6	37_, tho	at (I) (we) last
## 672 5 60		saw the deceased alive o abave, (I) (we) (did) did n	at) view the bady	alter death	0,0	nd that in (my) (aur) apinion	death accurred on the da	ite and hour and	from the cas	uses stated
A WILL		22b. SIGNATURE	/	1		DEGREE			22c DATESIC	SNED
4 4111		win	Hw de	21/1		MY) ATTENDING PHYSICIAN [MEDICAL STAF	FIANAT	6/3	8 87
PUNES AND		22d. PHYSICIAN'S NAME (TYPE	OR BRINT)	10		27e ADDRESS				-
HOSP armed D FUN # # #e		W	7 WEG	Y		EA	STUN 1	nd		
5 5 5 5 5	230 B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION			
BP	1	SPECTemation	8/31/8	Sil	Lverb	rook Crematory	Wilmingto	n, Del.	UNIY	STATE
DHMH - 16 60M 7/84	24. (0	FRAL DIRECTOR	12 011	. Jan L	141146	Wells CCD	e REC'D BY REGISTRAR	Sh REGISTRAL	SSIGNOUR	Page .
(VRA 15, 4)	0	Willis	Velle			Wells SEP	0 8 1981 A	wha was	my. Kee	

Millis Wells Chestertown, Md.

CTATE OF MADVIAND

STATE OF MARITANIE	
EPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	
	_

REG. N	10.	0			
DATE OF DEATH	8	29	VEAR 87	26 HOL	125 125
GE HIN YEARS LAST B	RTHDAY}	IF UNDE	RIYEAR	IF UNDER	24 HR5
8	6 yes	MONTHS	DAYS	HOURS	MIN.

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

Food

MIDDLE 1. DECEASED NAME EIRST (TYPE OR PRINT) M Vaomi 5 DATE OF BIRTH 3. SEX MONTH YEAR Female White Aug. 1901 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Grasonville.MI WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Easton EASTON Waitress USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13e. STREET ADDRESS 134 INSIDE CITY LIMITS? Caroline 140 Liberty Road Federalsbur CYES IC Maryland 15. MOTHER'S MAIDEN NAME LEATHER'S NAME MIDDLE MIDDLE Elizabeth Charles Sommers Davis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 146 SOCIAL SECURITY NO IYES. NO OR UNKNOWNS Joyce Willoughby, Rt. 3, Bx 2993, Seaford LE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY MASDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (01, stoting the DUE TO, OR AS A CONSEQUENCE @I underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 228.1 certify that (1) (this hospital) attended the degreed from saw the deceased alive on above, (I) (wa) (did) (did not) liew the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME MYPE OR PRINT!

230 BURIAL CREMATION, REMOVAL 236. DATE

FOR - STATE REGISTRAR

death

abod

23c NAME OF CEMETERY OR CREMATORY

234 LOCATION CITY OR TOWN

Federalsburg, Caroline, MD

22c. DATE SIGNED

8

DHMH - 16 50M 1/81 (VRA 15, 4)

Stote Dept

should be

MPORTANT: IF

09/03/87 Hillcrest . 6em

250 DATE REC'D. BY BEGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

063053 AUG 18-87 ATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	0			- 34

REGISTRAR	CERTI	IICAIL OI DEAIII	REG. NO	-
1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MINARIJA	Me	ollock	8-11-5	87 821AN
3 SEX 4 RAC			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	B	TH 27 22	(04 YRS	MON'HS DATS HOURS MIN.
	IZEN OF WHAT COUNTRY? 8		9. BALTIMORE CITY OR COUNT	Y OF DEATH
COUNTRY) MC	US. WIDOW	ED NEVER MARRIED DIVORCED	Talkot	AAA
	AME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Easton / 1	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	501701	(TYPE OF WORK FOR MOST OF WORKING L	(FE) INDUSTRY
UAL RESIDENCE (IF NURSING HOME OR OTHER IN 130. STATE	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION		IN CTOREY ADDRESS / TIP COP	11/12-
Md. Cald	IME PRESTON	YES NO P	13e STREET ADDRESS / ZIP COD	113/000
FATHER'S NAME	LAST	15. MOTHER'S MAIDEN NAM	NE .	
Ollie	Creen	FIRST Q O V	NA GREEN	LAST
160 WAS DECEASED EVER IN U.S. ARMED FO		17 INFORMANT	ADDRESS	
TES, NO OR OTHER WAY OF	220-01-280	Charlie	Mollock	Presto MU
18 CAUSE OF DEATH (Enter only one	cause per line for 10 , (b), and 10			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSED	SE (O) CONESSTI	12 HEART	FAILURE	4 mo
DI	JE TO, OR AS A CONSEQUENCE OF			4.1
Conditions, if ony, which	16) AORTIC	Som os	21:	HYRS
gave rise to immediate couse (0), stating the	JE TO, OR AS A CONSEQUENCE OF			
underlying cause last	(c)			
PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	VEN IN PART 11a
190 DATE OF OPERATION 191				
J 190 DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
AITA			YES NO Y	ES NO
OR CONTRIBUTING TO CAUSE OF DEATH	B TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
(A)	PLACE OF INJURY THOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	5		C 11 A.C	57
220.1 certify that (I) (this hospital) atte		19 13	, to // 1,00	19 that (I) (we lost
sp w the deceased olive on obove, (l) (we) (did) (did nat) view	9	and that in (my) (our) opinion de	eath occurred an the date and ha	or and from the causes stated
226. SIGNATURE	0. 0	DEGREE	WEDICAL CRASS	224 DATE SIGNED
E CAO	tangen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-11-87
22d. PHYSICIAN'S AME ITH CHEMIN		22e ADDRESS		
230 BURIAL, CREMATION, REMOVAL 236.	DATE / 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF LOWN	NOVEMBER 1
13 8	15/87 Mt	- Chlvery	Preston	TAL Md
24 FUNERAL DIRECTOR	Annorss	250 DATE	REC'D. BY REGISTRAR 755 REGIS	TRAR'S SIGNATIVE
Cric & bashi	4 POBY 606	AUG	11198/4	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 deoth that the IL OR ATTENDING PHYSICIAN; The low the hospital or attending physician TO HOSPITAL retoined by

> DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

732 AUG	4 STA STRAR			FHEALTH AND MENTAL HYD IFICATE OF DEATH	REG. NO	5 3
	DECEASED NAME		H.	Yours)	20. DATE OF DEATH MONTH	7 87 62
3.	SEX	4. RACE		OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
And director.	Female	White	0	9 10 03	83 YRS.	MONINS DATS HOURS MIN
D 2 170	BIRTHPLACE (STATE OR FO	DREIGN 76. CITIZEN OF W	HAT COUNTRY?	RIFO NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
2	Maryland	U.S.A		WED N DIVORCED	Talbot C	ounty ,
hiled with	Easton		FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Merchant	126. KIND OF BUSINESS C INDUSTRY Grocery
50 0000	SUAL RESIDENCE IN NURSING STATE Maryland	OF TOUNTY Talbot			130. STREET ADDRESS Route 1 Box 16	
	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
and 2 st	Percy	Adams	Hardin	Mattie	Melvina	Davis
Poges 19	WAS DECEASED EVER	N U.S. ARMED FORCES?	166. SOCIAL SECURITY NO		ADDRESS	
the medical	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-32-6378	Ronald H Mo	orris Rt 1 Box 166	Oxford MD 216
ent, the	I CAUSE OF DEATH	Enter only one couse per l AS CAUSED BY:			2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
went,		AS CAUSED BY:	Line-reme	attra assort	6	
e prior to buriol,	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDI	ilure Hyno	NTRIBUTING TO DEATH B	enter alero	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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entol Hygien frem 18 show	00 501 100 101 101 10	AUSE OF DEATH HOUR A.M	I. MONTH DAY YEA	AR .	TEMER MATURE OF INJURY IN HER IS.	rani i Varani sj
	(IF EITHER NOTIFY MEDIC			211. LOCATION		
norked or	MULTINE MOLWAY	LE AT HOME, STRE	ET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
nork	AT WORK AT WOR		1 11			19, that (I) (we)
Hee Is a		this hospital) attended the			death occurred on the date and ha	
2 o t c	obove, (I) (we) (d 22b SIGNATURE	d alive on	fter death	DEGREE		22c DATE SIGNED
AT: # #e	a	- enge Cas	and	MAK ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/7/87
should be defoched for us with the State Dept of He MAPORTANT: If them 21 is	George	Cavanas, 1	1.D.	Commerce Dr	, Easton, md	21601
: 3 ≥ 7 7:	BURIAL, CREMATION, F			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
_	Burial	8/11/8	7 Oxfor	d Cemetery		Talbot MD
2/	FUNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	TPAP'S SIGNATURE
M 1/81	NAME		ADDRESS			ia Jandon-Rondo

AUG 13 ro

STATE OF MARYLAND

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6 4	6 mg	0	0.00
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734 A						AND MENTAL HYG	REG. N		3 4	
page 3 er deoth	(1)	ECEASED NAME PE OR PRINT) FIRST MA	egaret "	V.	News	ton	28. DATE OF DEATH	UST 8,	1987	HOUR 4
5 5	3. S		RACE		5. DATE OF BIRTI	DAY YEAR	6. AGE (IN YEARS LAST B	HDAY) U		UNUER 2441
director.		Pemale BIRTHPLACE (STATE OR FOREIGN	White	AT COUNTRY?		18 15	9 BALTIMORE CITY	2 YRS.	DEATH	
Tool 72 h	-	COUNTRY	U.S.A.		MARRIED A	DIVORCED	10	1 hol		
0 8		EASTON	11. NAME OF HOS		HOME OR OTH		12a USUAL OCCUPATION OF HOME MOST	OF WORKING LIFE)	126 KIND OF B	
filled in	13e	JAL RESIDENCE (IF NURSING HOME STATE 13b. COI	UNTY 130	e residence before at a city or town Easton			13e. STREET ADDRESS Route 3, B	ox 99	21601	
mpletely and 2 sh		ATHER'S NAME FIRST Charles	MIDDLE IVI .	Satche.		OTHER'S MAIDEN NAM			Klots	Z.
s. Pages 1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 161 GIVE WAR OR DATES)	213-01-8		formant George F. No	ewton, Jr		99 East	on M
physicic angapen emovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	only one couse per line SED BY: ATE CAUSE (a)	for (o), (b), and (nitis				APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEA
attending nove corbi		Conditions, if ony, which	DUE TO, OR AS	S A CONSEQUEN	CE OF the	>			ms	
by the		gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS	S A GONSEQUEN		cosses	5		day	2
n signed Then plec	NO	PART 2 OTHER SIGNIFICANT	conditions con	BUTING TO DE	AY TO	PLATED TO HE TERM	NAL DISEASE OR COM	DITION GIVEN	IN PART VA	
re has bee ssit permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATION WAS	PERFORMED	YES NO		ERE FINDINGS G CAUSES OF	
physical trificot and Hygin 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	HOUR A.M.	MONTH DAY	YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2)	
er this the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FAR	211 L	OCATION STREET	CITY OR I	OWN	COUNTY	STATE
for us of He		220.1 certify that (1) (this has saw the deceased alive a above, (1) (did	on	19	, ond that	in (my) (our) opinion o	, to leath occurred on the o	date and hour on		t (I) (we) l
TALOR A ty the hos RAL DIREC detoched fote Dept NT: If Item		226 SIGNATURE	a. fi	lest	M O	ATTENDING PHYSICIAN	MEDICAL STA		8/8/	87
retained by the TO FUNERAL I Should be deto with the Stote I MPORTANT: #		Davic	Stow	t		Memori		Eas	1011	u()
BP	I	Burial, cremation, remova Surial	23b. DATE 8/10/87			ry or crematory Iemorial Pk			lbot	MD
MH - 16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR NAME Newnam Funeral	Home 1	Easton, M	aryland	25 AU	G 13 1987	256 REGISTRAF	ES SIGNATURI	Endace

ZBOL O'T ION

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 4		0	
6 4	2	0	-
REG. NO			

P	2	FIGISTRAR		CERTIFICATE OF DE	ATHO /	REG. NO	0	7	
-1.		LEASED NAME FIRST	MIDDLE	LAST	2		MONTH DAY	YEAR	26 HOUR
	{TYPE	OR PRINT)	len A	Pearson	1		8 19	27	540 5PM
	3 SEX		4 RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS.
Ш		Female	BIK	MONTH DAY	35	51	YRS	HS DATS	HOURS MIN.
1		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		APPIED 7	BALTIMORE CITY O	R COUNTY OF	HTASC	
0		M	USA		ORCED	Talbo	+ Coun	rf c	MD.
15	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUGH EACIETY, GIVE STREE			20 USUAL OCCUPATE		NOUSTRY	F BUSINESS OR
8		Easton	EASTON	MEMORIAL		A	FIC	NDUSTRT	
La	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY		STREET ADDRESS		2	1601
ecoli ²	14 5 4	ATHER'S NAME	A1405 E957	YES NOTHER'S A	NO DEN NAME	Planter	1 5	14	201
0	14. FA		MIDDLE LAST	15 PRU	11000	MIDDLE	Kell	(174	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	<u> </u>		ADDRE	SS		
	- (YES, NO OR UNKNOWN) [IF YES, GIV	2/8.3 4	3063 Pin	Knie	7	ferr.	500	1
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), a D BY:	and (c).1	- 0	1		BETWEEN	MATE INTERVAL DISET AND DEATH
		IMMEDIAT	E CAUSE (o)	siage n	nu	disen	2	14	-
			DUE TO, OR AS A CONSEQU	-4.		1-			
		Conditions, if ony, which	(b) Male	ment in	pen	unsim			
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF) '		11750		
			(c)						
	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN	V PART TIO	
1	ATION	19g DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORM	MED	200 AUTOPSY?	206 IF YES, WE	RE FINDIN	IGS LISED
4	CERTIFICA	THE DATE OF GLERATOR	The constitution of white	TO CHANGE WAS TENDED	NED .	YES TO NOT	IN CERTIFYING		
1	CERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJU	JRY OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM IB PART I	ORPART 2)	
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
4	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	4				
1	M	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC] STREET		CITY OR TO	WN	COUNTY	STATE
-			(a) ottended the deceased from	FEB	19 87	10 19 A	VG 198	7	that (I) (wellast
		sow the deceased alive on	19 AUG 19		our) opinion dec	oth occurred on the de	ote and hour and		
	38	22b. SIGNATURE	4) view the body ofter death.	DEGREE				22c. DATE	SIGNED
		Sento	- Cum	ATT PH	TENDING	MEDICAL STAP	FF	8-	20-57
8		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	TOTCHAIN (L)				
1	23a E	BURIAL, CREMATION LEMOVAL	236. DATE / 23c	NAME OF CEMETERY OR CR	REMATORY	236 LOCATION			
		MECHA)	8/25/87	Richardso		ZOS XO		UNTY	STATE
	24. FI	UNERAL DIRECTOR		Pictor and	25a DATE R	REC'D. BY REGISTRAR		SSIGNAL	URE
4		NAME W	Dool of ADDRESS	Enter md	SEP	1 1987	Julia Deri	don- K	endall
		- Kenege II		CELA CHALL					

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

9	4	63	8	6
REG.	NO.		~	

65242 SEP 14	FOR		D.C. D.C. D.C.		FMARYLAND	HVOIENE			
0 0 5 4 5 2EP 11	STATE - REGISTRAR		DEPARTM		ATE OF DEATH		2 4 6 REG. NO.	8 6	
40 C) E	1 DECEASED NAME	FIRST	MIDDLE	LAST	6-	2e DATE C	FDEATH MONT	DAV HEAT 26	HOUR
may be page 3 er death	3. SEX	1/1/Om	Λ,	5. DATE OF B	IDTH	A AGE 194	AS LAST BETHOATS	FUNDER LYEAR IF	UNDS 22 HITS
4 pt	Male		hite	MONTH Aug.	15, 191		YRS.	MONTHS BAYS IN	URS MINE
death. Page uneral direct nin 72 hours	70. BIRTHPLACE (STATEORY) HICKMan, D	oreign 75. CITIZEN O	F WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9. BALTIMO	ORE CITY OR COUNT	Y OF DEATH	MD
d the	10 CITY OR TOWN OF DEA	ATH 11. NAME OF	F HOSPITAL, NURSIN	IG HOME OR		12a USUAL	OCCUPATION RK FOR MOST OF WORKING LI UCTION	-	
ND 2120 24 hours 24 hours sould be full must be n	USUAL RESIDENCE (# NURS	ING HOME OR OTHER INSTITUTION	13c. CITY OR TOW	N 113	I INSIDECITY LIMIT		ADDRESS	2/6	50/
within 2 shown of 2 shown	Maryland Maryland Maryland Maryland Maryland	Talbot	Easton		MOTHER'S MAIDEN	NAME	MIDDLE	LAST	
MORE, M. ond confe	Richard 160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		16b. SOCIAL SECU	IRITY NO. 17	Hattie INFORMANT		ADDRESS	216	
KLTIM e be e con o ers. Po li	No		1165-10-		Lenora	Peters,	Box 663		
orthicate physician physic	PART I. DEATH W	H (Enter only one couse p 'AS CAUSED BY: IMMEDIATE CAUSE (a)_	er line for (a), (b), and	n (I)	ne -	auli	ne	BETWEEN ONSE	T AND DEATH
STON S	Canditions, if any,		OR AS A CONTIQUE	ENCE OF	in a	04 (1	D lung		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requirement of the certificate be executed within 24 hours of orthodory physician. In the this certificate has been surrounded the minimaling physician and completely filled in by strike burnel-training permit. The certificate conditions of permit. The certificate conditions of the prior to the burnel-training permit. The certificate contemporary of the prior to certificate the certificate or removal.	gave rise to imme cause (a), statir	nediate)	OR AS A CONSEQU	ect 2td	Mneu	mon	a 4f	Dowe	lebo
105, 20		NIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT NO	TRELATED TO THE	TERMINAL	DI CONDITION GI	VEN DEPART TO	
TAL RECOR	No. DATE OF OPERA	TION THE CON	DITION FOR WHICH	OPERATION Y	VAS PERFORMED	10a AUT	IN CERTI	S, WERE FINDINGS FYING CAUSES OF ES	DEATHT
ON OF VITAI	the course make the	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DJ P.M.	AY YEAR	IL HOW INJURY OC	CURRED (ENTER	ATLES CONTRACTOR OF THE AT.	PART > OR PART TO	
DIVISION OF VIT NIG PHYSICIAN: r attending physic where this certifical os the burial-tran ith and Mental Hy orked or frem 18:	THE STIME MOTEVINED AND WHELE ALMOSE ALMOSE	RED JIR PLAC	E OF INJURY STREET, FACTORY, OFFICE, F	2	H LOCATION	-	CITY OF TOWN	COUNTY	STATE
DR A DR Heal		(this baspital) attended	8 31 10	8-10-	hat in (m) (our) op	non death accur	831	19 6 that	(I)(we) lost
L OR ATT the haspir to DIRECTO to Dept of e Dept of	Thy Sagura Unit	did (did not) view the boo	by After Beath		GREE ATTENDI		Managara and Amagara	231: DATE 510	DOMESTIC STREET
Stot ANT	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	al.	2 2	PHYSICIA 2e ADDRESS	IUN TO	3 Box	18/51	181
TO FUN should be with the with the	14/20	141-3	MIKINS	JIL	SAS	TAN	MAN	HANT	4601
	23a BURIAL, CREMATION,				ETERY OR CREMATO	CI	YORTOWN	COUNTY	STATE
BP	Buri. 24 FUNERAL DIRECTOR	al Sept	.2,1987	5.7. C	ion Cem.	DATE REC'D BY	lingdale, REGISTRARIZSH REGIS	TRAR'S SIGNATURE	-
DHMH - 16 50M 1/81 (VRA 15, 4)	NAME	1 1.	ADDRESS		2632	-EP 04	REGISTRAR 256 REGIS	undoon-you	Delle-

by the funeral director, page 3 Liled within 72 haurs ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the buriol-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to buriol, cremation. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumpfi

DHMH - 16 60M 7/84

(VRA 15, 4)

3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	1 -	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS REG. NO.											
-	108	ASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
		QR PRINT)	8.00	26	44.2000	J	DACT	To bring or bearing	1 0	12/60			
	3. SE)	/	1099	A DACE	Judson	5. DATE C	05/	A ACE AND VENEZA MENTEN	8 24	- 1	12 PM		
			~				H DAY YEAR	& AGE (IN YEARS LAST BIR		HOURS MIN.			
_	Male White					02 24 13			74 YRS				
1	7a BII	RTHPLACE (STATE OR I	FOREIGN	1	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	FDEATH				
	New York U.S.A.				WIDOWE		IALBOT						
7	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING I HOT IN SUCH FACILITY, GIVE STREET ALL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING				ADDRESS 1	OC DITAL	120 USUAL OCCUPATION OF WORK FOR MOST CANIMAL Ten	BUSINESS OR					
7	WSUA	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION.			OSPIIAN			Farmi	ng		
9	2 "	aryland	TATE 136 COUNTY 13c CITY OR TOWN				136. INSIDE CITY LIMITS?	Rt. 1 Box 1		21632			
7	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST			
4	/	Edwin H. Po					Grace	MIDDLE		Lockhart			
,		60 WAS DECEASED EVER IN U.S. AR			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS					
		NO (# YES, GIVE WAI			062-12-8	108	Betty O. Post	t Rt 1 Box 112 Federalsburg MD					
		18 CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (b), an		1 /			BETWEEN ON	ATE INTERVAL		
ì		TAKI LULATI		E CAUSE (a)	540	015	may of help	110		hri			
1		DUE TO, OR AS A CONSEQUENCE OF								1			
		Conditions, if ony,	, which	((b)_	46	I	nemona	1	dry	1)			
		The same of the sa			R AS A CONSEQUE	NCE OF	1) Danes	w	WIL	elis			
	_	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO I	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110			
	Į į	my	1 Car	des	whon	chin	n						
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	VERE FINDING				
	ET						You was a second	YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
		21a ACCIDENT WAS UNE	110110 1	M. MONTH DA	YEAR	THE HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	I OR PART 2)				
	MEDICAL	(IF EITHER NOTIFY MEDI		.M. 19									
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK				ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		22a I certify that (I)		77 -	e deceased from	7-	19 7	10 /- 6	9 . 19	0/	at (It (we) last		
		saw the decease above, (I) (we) to	ed olive on, lid) (did not	view the bady	after death.	- 1	nd that in (my) (our) opinion o	death occurred on the de	ate and have ar	nd from the co	uses stated		
		22b. SIGNATURE	WX	1		1.44	DEGREE	MEDICAL STAI	FF	22c DATE SIG	GNED		
4		22d. PHYSICIAN'S NA	1 //-	1		M	PHYSICIAN	DIRECTOR PHYSIC		11-23	1		
		R.	ANI	SHEZ			409 TU	LEURID	FAS	TIN	MD		
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	Bi	specify) urial		8/27/	87 Spi	ring H	ill Cemetery	Easton		albot	MD		
		JNERAL DIRECTOR	ALC:				The second secon	REC-D-BY REGISTRAR			ALC .		
	Ne	ewnam Fun	eral H	ome	Easton.	Marvl	and AUG	31 198/ 3	CHILD COUNTY		1		

Newnam Funeral Home

Easton, Maryland

10081 88- J. S. J.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4 8

		EASED NAME	FIRST		MIDDLE	I.	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	7
	(TYPE	OR PRINT)	RICHA	RD C	OCHRANE	F	RENAUT	Γ	A nomest A	1007	1000	12:00	1
	0.054			1.01.05					August 4			-	_
	3. SEX			4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS A	HRS WIN.
	1	lale		White		04	11	07	80		75%		
-		RIHPLACE (STATE	ORFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER A	AARDIED T	9 BALTIMORE CITY C	OF DEATH	OF DEATH		
2		ennsylvai	nia	U.S.	Α.	WIDOWE		VORCED	Talbot				M
ř		TY OR TOWN OF			HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT			OF BUSINESS	-
8	1/2	aston		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Route 5 Box 554					(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer Design				
9			NURSING HOME OR		GIVE RESIDENCE BEFORE				Engineer		Desi	gn	_
	13a S	TATE	13b COUN	AIA	13c. CITY OR TOWN		13d. INSIDE C		13e STREET ADDRESS	ZIP CODE			
2	I.V.	laryland	Tal	bot	Easton	100	YES 🗌	NO X	Route 5 Box	x 554	21601		
ü	II FA	THER'S NAME		WIDDLE	LAST			MAIDEN NAM					
ľ	V	Frank		MIDDLE	Renau	t	L	illian	MIDDLE	Lefevre			
7	160 W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMA		ADDR	ESS	201	0110	
		(YES, NO OR UNKNOWN) (IF YES, GIVE W.							enaut Rt 5 Box 554 Easton MD				
	n								enaut Kto		Easton MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
			EATH (Enter on H WAS CAUSE		line for (o), (b), one	m -	./_	6- 0: a.v.	00 -	- 100	BETWEEN		HIA
		IMMEDIATE CAUSE (a) PRES UMBD VENTRICULAR TREHYCARDIA								17 1117	EDIM	L	
		DUE TO, OR AS A CONSEQUENCE OF								1.		0	
		Canditions, if		((b)_	IDIOPATIFIC CARDIO				MYOPAT	0	CONTH	>	
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										50	
		underlying couse last.											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											_
	z	TO THE SOUTH CART CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P										0	
_	CERTIFICATION	190 DATE OF OPE	DATION	Tin conto	TION FOR WHICH OPERATION WAS PERFORMED				Tan AUTORGUS	Tan IF VCC	WEDE EINED	100.000	
1	2	TYB DATE OF OPE	KATION		1 1	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE							
-	ΙĒΙ	7/12	Y)		hemicolaetomy GI bleeding				YES NO	NO [
1		210. ACCIDENT WAS		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	ED (ENTER NATURE OF INJU	ART 1 OR PART 2)			
	1 ×	(IF EITHER NOTIFY		1161		19							
	MEDICAL	21d INJURY OCC	URRED		OF INJURY 211 LOCATION			N	7 3 3000				
	Z	WHILE NO	NOT WHILE AT WORK			RM, ETC }	STREET		CITY OR IC	WN	COUNTY	STAT	E .
			7.3	tal) attended th	e deceased fram_	1/6	87	10	· Rula	7	10	that (II) we	L
		saw the deceased give on 7/29/87 19 and that in my vigur appinion death occurred on the date and how are											
		obove, (I) (w. 22b. SIGNATURE	e) (did) (did no	ti view the bady	after death.					are and moor			
		220. SIGNATURE	-	1111	4		DEGREE	TTENDING	MEDICAL STA	FF	22c. DATE	SIGNED	
				PHYSICIAN D					DIRECTOR PHYSIC		18/3	187	
		22d PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRES	S					

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR

Callum R. W. Bain, M.D.

8/7/87

Easton Maryland

230 NAME OF CEMETERY OR CREMATORY

Mt. Rose Cemetery

So DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

415 E.Dover Street Easton MD 21601

23d LOCATION
CITY OR TOWN
Spring Garden

PA

York

	ST	A	TE	OF	M	ARY	L	AND	
DEPARTMENT	0	Ē	HE	AL	TH	ANI	D	MENTA	LH

-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH OF THE PROPERTY OF THE PROPER											
		CEASED NAME OR PRINTI) LICET				Is DATE O	LOBBINS	20 DATE OF DEATH AUGUST 6 AGE IN YORKS LAST BIRT	25 1981	7 26	Z-V _M	
				White			DAY YEAR	55 YRS			JRS MIN.	
9	78. BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY) New York U.S.A.					8	D X NEVER MARRIED	9 BALTIMORE CITY O	MD			
8						ADDRESS)	DROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INSURANCE Agency Insurance Agen				
35	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION G 13a STATE 13b COUNTY 1 Maryland Talbot			GIVE RESIDENCE BEFOR 13c. CITY OR TOW Easton		13d. INSIDE CITY LIMITS? YES X NO 1	13e.STREET ADDRESS / ZIP CODE			1601		
a	George Gertram				Robb		15. MOTHER'S MAIDEN NAM FIRST Auleen	MIDDLE			11	
/	JY	VAS DECEASED EVER (ES, NO OR UNKNOWN)	E WAR OR DATES)							21601		
	MEDICAL CERTIFICATION	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS ACONTOURNEE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								PPROXIMATE WEEN ONSET	eore	
2		21a. ACCIDEN WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE	DERLYING CAUSE OF DEA	21b. TIME OI HOUR A.P.	FINJURY M. MONTH D A. DE INJURY	AY YEAR	ZIF LOCATION	YES NO NO NOTE OF INJUR		USES OF D	DEATH?	
	ME	22a certify that (this hospital) attended the deceased from saw th deceased alive on 19 (aur) apinion death accurred at the date and haur are obave) weil (did) (did not) view the bady after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									STATE (I) (we) last is stated lED 87	
1		PHYSICIAN'S NA	T	DAV	VICINS	Sir.	220 ADDRESS R	mas	2/27mJ	221	601	
		URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 8./28			EMETERY OR CREMATORY Hill Cemetery	23d tocation city or town Easton	COUNTY	+	STATE MD	
4		INERAL DIRECTOR		1 0.7 20.	ADDRESS	Pring 1		REC'D. BY REGISTRA	Talbo	Month	- IM D	
	N	Jewnam Fu	nerel	Home	Facton A	Jarula	nd · Allia	JI BOLAT	management by			

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

AUG OF DEL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	4.4	9	
60				
REG.	NO.			

-2 1	FOR STATE REGISTR	AR			DEPAKI		EALTH AND MENTAL HY	GIENE	REG. NO.	9	
	DECEASED N	AME	DEDH	ry i	E	Re	QSS	2a. DATE O	F DEATH MONTH	30 87 21	HOUR
3.	SEX Fema	nle.	4.9	White	2	5. DATE O	H DAY YEAR	6. AGE (IN	rears last birthday)	MONTHS DAYS H	OURS
7.	BIRTHPLACE	(STATE OR FO	OREIGN 76		VHAT COUNTRY	? & MARRIE WIDOWI	D NEVER MARRIED		TA		
2 10	O. CITY OR TO		TH 11.	NAME OF H		NG HOME	OR OTHER INSTITUTION	120 USUAL	OCCUPATION REFORMOST OF WORKIN Homemak		BUSINES
ad Japan D	Joual Resider 30. STATE Mary		NG HOME OR OTH 136. COUNTY Talbot	and the same of	134. CITY OR TOV		130 INSIDE CITY LIMITS? YES NO X	13s. STREET		21663	
	John		MIDO	V.	Marsh	nall	15. MOTHER'S MAIDEN N FIRST EVa	AME	WIDDLE	Mod	ore
是 16	(YES, NO OR U		N U.S. ARMED		215-16-		Jane R Roe	POR	ADDRESS OX 235 Til	ohman MD	216
製	18. CAUS	1. DEATH W	1 (Enter only o AS CAUSED B' IMMEDIATE C	Y:	line for (o), (b), or	nd (D)	una La		OX 200 111	APPROXIMA BETWEEN ONS S-7	
troumof	Condition	ons, if any,		DUE TO, OR	AS A CONSEOU	JENICE OF	Vudifferentie	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-0	141	NOS
y, or other	underly	(a), stating	g the last	(c)	AS A CONSEOU		NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PART I 10	<i>f</i>
ws ony injury, or other	part 2.	(a), stating	last ((c)	INTRIBUTING TO	DEATH BUT	0	20e AUT	OPSY? 20b. IF	YES, WERE FINDING RTIFYING CAUSES OF	FDEATH
	PART 2. 0	(a), stating ng cause OTHER SIGN OF OPERAT	INFICANT CON	(c)	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	20e AUT	OPSY? 206. IF	YES, WERE FINDING RTIFYING CAUSES OF YES []	
	PART 2.0 PART 2.0 PART 2.0 19a DATE 17a. ACCII OR CONIR (IF EITHE) 71d. INJU	OF OPERAT DENT WAS UND 18UTING COURSE	the lost UFICANT CON FON ERLYING AUSE OF DEATH AL EXAMINER) ED	196 CONDITIONS CO	DINTRIBUTING TO	DEATH BUT H OPERATION DAY YEAR	NOT RELATED TO THE TER	20e AUT	OPSY? 206. IF	YES, WERE FINDING RTIFYING CAUSES OF YES []	P DEATH
21 is marked or Hem	PART 2. (PART 2	OF OPERAT OF OPERAT	The lost. UFICANT CON ION ERLYING AUSE OF DEATH AL EXAMINER) IED ILE (Has hospital) d alive on	196. CONDITIONS CO 216. TIME OI HOUR A.A. 216. PLACE C (AT HOME, STRI attended the 8/30	TION FOR WHICH TION FOR WHICH FINJURY M. MONTH D M. DF INJURY SET FACTORY OFFICE. deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	NOT RELATED TO THE TER ON WAS PERFORMED 711. HOW INJURY OCCU	200 AUTO	OPSY? 786. IF IN CE	YES, WERE FINDING (RTIFYING CAUSES OF YES)	ST.
ANT: If them 21 is marked or them	PART 2. CALL OF CONTRACT OF CO	OF OPERAT OF OPERAT	THE LOST ON TON TON TON TON TON TON TON TON TON	196. CONDITIONS CO 196. CONDITIONS CO 196. CONDITIONS CO 196. CONDITIONS CO 196. CONDITIONS CONDITI	TION FOR WHICH TION FOR WHICH FINJURY M. MONTH D M. DF INJURY SET FACTORY OFFICE. deceased from.	DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TER ON WAS PERFORMED 216. HOW INJURY OCCU 211. LOCATION 5 TREET	200 AUTO	OPSY? 786. IF IN CE	YES, WERE FINDING (RTIFYING CAUSES OF YES)	ST (I) (wouses sto
WPORTANT: If Hem 21 is marked or Hem	PART 2.0 PART 2.0 PART 2.0 19a DATE 19a DATE 21a. ACCII OR CONIR (IF EITHER AT WORK 22a. I cert sow obo obo obo 11. SIGA 226. PHYS	OF OPERAT OF OPERAT	THE LOST. IDENTIFICANT CON ION ION ION ION ION ION ION	196. CONDITIONS CO 196. CONDITIONS CO 196. CONDITIONS CO 196. CONDITIONS CO 196. PLACE CONTROL	TION FOR WHICH TION FOR WHICH M. MONTH D M. OF INJURY SET FACTORY OFFICE Se deceased from, after death.	DAY YEAR 19 FARM ETC)	216. HOW INJURY OCCU 211. LOCATION STREET 19 8 nd that in (my) opinion DEGREE ATTENDING PHYSICIAN	700 AUTO YES RRED (ENTER N. 10 MEDICAL DIRECTOR	OPSY? 786. IF IN CEI NO TOWN CITY OR TOWN STAFF PHYSICIAN 21601	YES, WERE FINDING PARTIES OF YES COUNTY COUNTY 19 87 , the hour and from the county th	ST.

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

SEPO2 NEED ALLES PROPERTY

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave corbes with the State Dept. of Health and Ahental Hygiene pirar to burial, cremation, or IMPORTANT. If Health is marked or them 18 shows any injury, or other troumatic.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ملاء			17.5	DEPARTA		EALTH AND MI		IENE 2	4 4	9 2		
	CCLASED NAME PE OR PRINT! EIM	FIRST		JBBARD		VENSON		August 5,	1987	AY YEAR	7:50	P
3. St	Female		4 RACE Whit	e	5. DATE O	H DAY	YEAR 18	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	24 HRS MIN
1	BIRTHPLACE (STATEORF COUNTRY) Maryland		U.S.		WIDOWE	- Minuth	ORCED	Talbot				MD
	Easton		(IF NOT IN SUC Willian	OSPITAL, NURSIN HEACILITY, GIVE STREET N HILL MAT	ADDRESS)	OR OTHER INSTIT	UTION	IZE USUAL OCCUPATE (TYPE OF WORK FOR MOST O dressmake)	F WORKING LIFE)	126 KIND OF INDUSTRY Ladies		
13a.	Maryland	13b. COUNTAIL	VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Easton			10 🗆	13e STREET ADDRESS . 501 Dutchr	zip code nan's L	ane 2	1601	
16a.	Lewis WAS DECEASED EVER	IN U.S. AR		Hubb Hubb 166. SOCIAL SECU		15. MOTHER'S A Em 17. INFORMAN	ma	MIDDLE S. ADDRE	SS	Hub	bard	<u>1</u>
	(YES, NO OR UNKNOWN)	(IF YES, GN	E WAR OR DATES)	214-12-	6409	Emmal	ean C	Rebmann Rt	7 Box	49 East		
CERTIFICATION	Conditions, if ony, gove rise to imm couse lol, stofin underlying couse PART A OTHER SIGN 19a DATE OF OPERAT	lost.	DUE TO, OF		ENCE OF DEATH BUT	NOT RELATED T	e Ar	INAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	GS USED	
100	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	1111	M. MONTH DA	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	EY IN ITEM 18 PAI	RT I OR PART 2)		
MEDICAL	21d INJURY OCCURR WHITE NOT WH AT WORK AT WOR		21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION		CITY OR TO	wN	COUNTY	5	TATE
2	22a.1 certify that (1) sow the decease above, (1) (we) (d	d olive on	July	LO 195	, 01		19 84 iur) opinion d	death occurred on the de	ote and hour		-	ve) lost
1	226 SIGNATURA	_ t	Husel PRPRINT)	25	MD	DEGREE AT' PH 22: ADDRESS	TENDING IYSICIAN	MEDICAL STA		86	87	
	Ann H. W	ebb,	M.D.			607 D		an's Lane Ea	ston M	D 2160	1	
23a.	BURIAL, CREMATION, (SPECIFY) Cremation	REMOVAL	23b. DATE 8/6/8			ry Crema		Salisbury	W	icomico	o 1	Μ̈́D
24 F	Newnam Fu	neral	Home	Easton,	Maryl	land	25a DATE	JG 7 1987		AR'S SIGNATU		lace

ELLER STATE OF SUA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician

etained by the haspital

BP.

DHMH - 16 50M (/B1 (VRA 15, 4)

0638

the funeral director, page a within 72 hours after death

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR					ICATE OF DEAT	# /	REG. N	4	9 3	
AUG	26	FASED NAME	FRA	SIA	Davis		RICE		20 DATE OF DEATH	UST 2	3,198	7 49
	3. SE		14	RACE		5. DATE			AGE (IN YEARS LAST BIR		FUNDER I YEAR	
	ſ	fale		White	9	MONT		AR 4	73	YRS		HOURS MIN
3	-	RTHPLACE ISTATE OR COUNTRY!	FOREIGN 7		WHAT COUNTRY	Y? 8. MARRIE WIDOWI	D NEVER MARRIE	1	BALTIMORE CITY C	4LBC	OF DEATH	
8		EASTO	ATH 1		HOSPITAL, NURS		OR OTHER INSTITUTION		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Appraiser		INDUSTRY	of Business of Estate
5	13a. S	NI RESIDENCE (# NUR TATE Vlaryland	136 COUNT	TY	13c. CITY OR TO St Wich	NN	134 INSIDE CITY LIM	AITS?	13e. STREET ADDRESS Route 1 Bo	x 714	2/6	663
50		THER'S NAME FIRST Hollowa		oaddus	Tric	ee	15 MOTHER'S MAID	ceste	MIDOLE		M	lcWhirt
1		AS DECEASED EVER		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR			
		/es	WW		224-07	-3061	Mildred M	I Tric	e Rt 1 Box	714 St		
. '		18 CAUSE OF DEAT	H (Enter only	one couse pe	er line for (a), (b),	and (ct.)	4		1		BETWEEN	XIMATE INTERVAL N ONSET AND DEAT
				CAUSE (o)	welen	unura	dorry a	nous				
	NO	PART 2 OTHER SIG			CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	lio
9	CERTIFICATION	19a DATE OF OPERA			DITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		20e AUTOPSY?	20h IF YES, IN CERTIFY YES	ING CAUSE	INGS USED S OF DEATH?
9		216. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH	DAY YEAR		OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2(
	MEDICAL	216. INJURY OCCUR	ни Е		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (1 saw the decea- abave, (1) (we)						opinion de	, to eath occurred on the d		ond from th	, that (I) (we) lo be couses stated
		228. SIGNATURE	wigl	B.	Curun	mf.	DEGREE ATTENE PHYSIC 1220 ADDRESS	DING CIAN	DIRECTOR PHYSIC	FF CIAN []	22c. DAI	TE SIGNED
		George	B. Cav				322 Com		ce Drive Ea	ston M	D 216	01
	23a	SURIAL, CREMATION SPECED BUR181	REMOVAL	236. DATE 8/26,			Centery or crema		Frederick		COUNTY	Virgini
1		Newnam Fu	ineral l	Home	Easton,			AUI	G 25 1987			ATURE

TO HOSPITAL ON ATTENDING PHYSICIAN The retained by the hospital or attending provening

BP. DHMH - 16 60M (VRA 15, 4)

TO FUNERAL DIRECTOR Annual Control should be detached for seen in the State Dept of Health and Aventual Hy

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-1	87 SETRAR	DEPARTM	CERTIFICATE OF DEATH	1 13 4	194
1. DEC	LUCY	DAVIS	WALTERS	20 DATE OF DEATH MONTH	14 87 631
1.58)	Female	L RACE	5 DATE OF BIRTH MONTH DAY 1906		IF INDER LYEAR IF UNDER 23
1	MARY AND	76 CITIZEN OF WHAT COUNTRY? U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	Y OF DEATH
E	EASTON	(IF NO IN SUCH FACILITY, GIVE STREET A MEMORIA OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS) HOSPITAL	GIVES OF WORK FOR MOST OF WORKING , BUSCLEIVER RES	IFFI INDUSTRY
the S	Ma. Tall		N 13d. INSIDE CITY LIMITS?	Higgins St.	2160
B	eauregred	DAVI	5 Alphoso	WIDDLE	HARRING
Ida V	WAS DECEASED EVER IN U.S. AR		9927 Dixon House	Inc. Higgins	St. Easten,
	Conditions, if any, which gave rise to immediate course to stating the	DUE TO, OR AS A CONSEQUE	INCE OF .	olo al bud KIX	
NOI	PART 2 OTHER SIGNIFICANT O	asp:	ration of t	Food into larya	VEN IN PART I O
TIFICATION		CONDITIONS CONTRIBUTING TO	ration of t	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT O	196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCU	200 AUTOPSY? 206 IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE DEPT OF THE PROPERTY OF THE PR	196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCU	206 AUTOPSY? 206 IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART (OR PART 2)
1000	PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify thot (1) (this hospi saw the deceased alive an obove, 1) (we did of (and on obove, 1)) (we) (did) (and other	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F)	OPERATION WAS PERFORMED 21c HOW INJURY OCCU AY YEAR 19 21l LOCATION STREET 7, and that in (my) (our) opinion	206 AUTOPSY? 206 IF YE IN CERTIN YES NO YES NATURE OF INJURY IN ITEM 18	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART (OR PART 2) COUNTY STA
1000	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FOR CONTRIBUTION OF FICE FOR CONTRIBUTION OF	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION ARM. ETC.) 211 LOCATION 5186E1 DEGREE ATTENDING PHYSICIAN	206 AUTOPSY? 206 IF YE IN CERTIN YES NO YES	(S), WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART 1 OR PART 2) COUNTY STA
1000	PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify thot (1) (this hospi saw the deceased alive an obove, 1) (we did of (and on obove, 1)) (we) (did) (and other	19b CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FOR CONTRIBUTION OF FICE FOR CONTRIBUTION OF	OPERATION WAS PERFORMED 21c HOW INJURY OCCU AY YEAR 19 211 LOCATION ARM. ETC.) 211 LOCATION DEGREE ATTENDING	206 AUTOPSY? 206 IF YE IN CERTIN YES NO YES	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART (OR PART 2) COUNTY STA

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/8I (VRA 15, 4)

STATE OF MARYLAND 063356 AUG 21 8 FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATED

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2 /	4.1		Sug.
6	001	-	
REG. NO.		-7	
KEG. 140.			- 1

	REGISTRAR				REG. NO).
	DECEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU
(1)	CORNE	LIUS ANGEL	WA	RRICK	11101157	12 1987 4=
3. 5		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	The state of the s
	lale	Black	MONTH			MONTHS DAYS HOURS
	BIRTHPLACE (STATE OR FOREIGN	7h. CITIZEN OF WHAT COUNTRY?	08	12 87	BALTIMORE CITY OF	YRS 12
-	COUNTRY		MARRIE	D NEVER MARRIED X	BALTIMORE CITY OF	K COUNTY OF DEATH
	laryland	U.S.A.	WIDOWE		101007	
2.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	
0 6	Easton	Memorial	140	25pital		1111111
7. 45	UAL RESIDENCE (IF NURSING HOME IN STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		A 124 IN ISINE CITY I WAITED	136 STREET ADDRESS	1011
all of	aryland	13c. CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	STREET ADDRESS	W lelk Iraga
	FATHER'S NAME	1500		15. MOTHER'S MAIDEN NAM	IE.	F FIRSTING
9/17	FIRST	MIDDLE		FIRST	MIDDLE	LAST
4		Cornelius Warric		Angela	Lynn	Adams
/ 160.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	55
no	0			Angela L. Ada	ms Rt 1 Box	61B Trappe MD
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and	(c1.)			APPROXIMATE INTER
CERTIFICATION		TONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
4 5					YES NO	YES NO
		EATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TE PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	WN COUNTY S
2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, FA	IRM, ETC	SIREET	CITTORIO	200317
		pital) attended the deceased from			to	
	sow the deceased alive of					ote and hour and from the causes sta
					The second second second	ne one not one man inc couses sic
	obove, (I) (we) (did) (did i	not) view the body offer deoth.				
	obove, (I) (we) (did) (did i			DEGREE	MEDICAL STAF	224. DATE SIGNED
	obove, (I) (we) (did) (did i	not) view the body offer deoth.		ATTENDING PHYSICIAN	MEDICAL STAF	F 9/15/01
4	obove, () (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		ATTENDING		F 9/15/01
4	obove, () (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	nunn		ATTENDING PHYSICIAN [DIRECTOR PHYSIC	8/15/87
730	obove, (1) (we) (did) (did of the control of the co	OR PENT) SONTEN OLESKE		ATTENDING PHYSICIAN [] 22. ADDRESS Dutchman's	DIRECTOR PHYSIC	8/15/87
	Obove, (1) (we) (did) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (1YPE SUD C T T BURIAL, CREMATION, REMOVA (SPECRY)	OR PENT) SONTEN OLESUS LL 236. DATE 236. N	AME OF C	ATTENDING PHYSICIAN [] 220 ADDRESS Dutchman's] EMETERY OF CREMATORY	Lane Easton	MD 21601
В	Obove, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YPR SUD L L BURIAL, CREMATION, REMOVA (SPECIFY) UTIAL	OR PENT) SONTEN OLESUS LL 236. DATE 236. N	AME OF C	ATTENDING PHYSICIAN [] 220 ADDRESS Dutchman's] EMETERY OF CREMATORY IN Memorial Pk	Lane Easton 23d Location City of Lown Easton Easton	MD 21601 COUNTY Talbot A
B1	a BURIAL, CREMATION, REMOVA	OR PENT) SONTEN OLESUS LL 236. DATE 236. N	AME OF C	ATTENDING PHYSICIAN [] 220 ADDRESS Dutchman's] EMETERY OF CREMATORY IN Memorial Pk	Lane Easton 23d Location City of Lown Easton Easton	MD 21601

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav

retained by the haspital or attending physician

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye corporations with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remains. un ORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic

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ath. Page 4 may be

n72 hours after death

STATE OF MARYLAND

2 4	4	9	6
REG. NO.	- 34		

2	18	FOR STATE REGISTRAR	DEPARTI		ICATE OF DEATH	ENE 2 4 REG. NO.	496
	(TYPE	MALE	BACK B. CITIZEN OF WHAT COUNTRY?	5. DATE (MONTI	V. 30, 19687	9. BALTIMORE CITY OR CO	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	USUA	AL RESIDENCE I IF NURSING HOME OR O	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	OR OTHER INSTITUTION	120 USUAL OCCUPATION 114PE OF YORK FOR MOST OF WORK	MD. 176 KIND OF BUSINESS OR INDUSTRY
V	I pa	ULAURA	IDDLE LAST LAST LAST LAST LAST LAST LAST LAST	LUTTE	YES NO I	ADDRESS	ENTREVILE, NA
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUI	ENCE OF	GI le omes of a De Ketas d	Colons	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196. CONDITION FOR WHICH			20s AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\)
1	MEDICAL CER	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (# ETHER NOTH! MEDICAL EXAMINER) TIG. INJURY OCCURRED WHILE ALL WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, E	19	21c. HOW INJURY OCCURRI 711 LOCATION STREET	ED (ENTER NATURE OF INJURY IN 11E	COUNTY STATE
		22a.1 certify that (1) (this haspite sow the deceased alive an above, (1) (we) (did) (did not) 22b. SIG: 72d PHYSICIAN'S NAME (PYPEOR	view the body ofter death.	W	DEGREE ATTENDING PHYSICIAN 276 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (l) (we) lost and hour and from the causes stated 220 DITE STONED 25 DITE STONED
	1	JURIAL, CREMATION, REMOVAL SEITS A JUREAL DIRECTOR NAME OTHER OF THE SEITS A NAME OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER O	8/22/87 0	NAME OF C	EMETERY OR CREMATORY TELESTA	23d LOCATION CITY OF 101 PER PECCO. BY REGISTRAR 25b R	VILE PA. MA

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BP

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28	b7	FOR STATE REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	IENE 2	49	7	
	I. DE	OR PRINTI	. 41	AIDDLE	In	/1//1AMS	20. DATE OF DEATH AUG. 1	MONTH DAY		55P. M
	3. SE)		4. RACE		DATE O	F BIRTH DAY YEAR	AGE (IN YEARS LAST BIR			INDER 24 HRS.
1	(RTHPLACE (STATE OR FORE COUNTRY) NEW YORK	U.S.A		WIDOWE		9. BALTIMORE CITY C		ATH	MD.
		TY OR TOWN OF DEATH BOZMAN	OAK L	ANDING COC	PERS	PT. RD.	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O REGIONAL N	OF WORKING LIFE) IN	KIND OF BU DUSTRY AFFA	
2	13e S	ARYLAND	TALBOT	13E. CITY OR TOWN BOZMAN	DMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS COOPER I	T. RD.	21612	2
1)		WALDO WIL			FIRST	LADYS TOFT		LAST	
		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (1) YES	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES) WWII	215-22-33		MARY LOU WIL	OAK I LIAMS BOZMA	ANDING C AN, MARYI	OOPER AND 21	1612
	NOI		hich (b) the the lost (c)	R AS A CONSEQUEN R AS A CONSEQUEN DITRIBUTING TO DE	CE OF	NOT RELATED TO THE TERM	U INAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
2	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH O	PERATIO		YES XXXX	206 IF YES, WER IN CERTIFYING YES	CAUSES OF I	USED DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNDERLOOK CONTRIBUTING AU CIFETHER NOTIFY MEDICAL IZID. NOT WHILE AT WORK. 220. I certify that (I) (the saw the deceased above, (I) (we) (did) 22b. SIGNATURE	SE OF DEATH HOUR A. EXAMINER) 21e. PLACE (AT HOME. STI	M. MONTH DAY M. OF INJURY REEL, FACTORY, OFFICE, FARI e deceased from	19 M ETC)	21E HOW INJURY OCCURR 211. LOCATION STREET 211. LOCATION OTHER STREET ATTENDING PHYSICIAN PHYSICIAN	death accurred on the d	ote and hour and	2, that	
1		224 PHYSICIAN'S NAME	H WOOL	1		220 ADDRESS	TON M	H 21	601	10.7
	23a E	SURIAL, CREMATION, REA (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN CTANTON	P.G. N	MARVT.AN	STATE
	N N	INJURAL DIRECTOR	Leona	erd St.	Jech		E REC'D BY REGISTRAR		SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate be executed within 24 hours ofter death. Page 4 may be

retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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en signed by the ottending physicion and completely filled in by the funeral director, page 3 in the propersion of the company of the filled within 72 hours after death and the complete, cremotion, or removal.

STATE OF MARYLAND

2 4	6.	9	8
REG. NO.			~6

	1. DE	TENETRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO)c
	ITYPE	RAY!	MOND R. N	ILLIAMS	8	3-8-87 52
	3. SEX		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE LIN YEARS LAST BIRT	MONTHS BAYS HOURS
	7a B)	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	08 04 05	9. BALTIMORE CITY OF	R COUNTY OF DEATH
55		M	USA	MARRIED NEVER MARRIED D	TA	LBOT
18	E	ASTUN	11. NAME OF HOSPITAL, NURSING	HL HOSPITAL	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	
5	13e. S	Md 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A UNITY 136. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 4	13. STREET ADDRESS	Buy 575-
		Alexander	ARMED FORCES? 1166 SOCIAL SECUR	15 MOTHER'S MAIDEN NAM	ella MIDDLE	Burke.
medic	100 V	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN)	GIVE WAR OR DATES!	660 Anna	u	tillems
omorio even		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	rdich moray	farten	
snows ony injury, or other tro	ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? YES NO	10h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
or nem_o snows only	AEDICAL CERTIFICATION	COUSE (0.), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 1% DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CIFETIMER NOTIFY MEDICAL EXAMB 216, INJURY OCCURRED	(c)	PERATION WAS PERFORMED 7 YEAR 19 711 LOCATION	20a AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
If them 21 is morked of them 10 shows on		COUSE (0.), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 119a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (6FETHER MOTHY MEDICAL EXAMB 21d, INJURY OCCURRED WHILE NOT WHILE ATWORK 22a, I certify that (1) (this has saw the deceased alive.	CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH CONDITION FO	PERATION WAS PERFORMED 216 HOW INJURY OCCURRING 19 216 LOCATION STREET 217 218 LOCATION STREET 218 219 219 211 LOCATION STREET 219 210 211 LOCATION STREET 210 211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING	YES NO CITY OR TO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE NO
Them 2 is morked or frem 10 shows on	MEDICAL	COUSE (0.), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMPLE AT WORK NOT WHILE AT WORK NOT WHITE AT WORK NOT WORK NOT WHITE AT WORK NOT WORK NOT WORK NOT WHITE AT WORK NOT WORK N	[CONDITIONS CONTRIBUTING TO DE I 96 CONDITION FOR WHICH CO 216 TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI spital) attended in deceased from on on on 19	PERATION WAS PERFORMED 216 HOW INJURY OCCURRING 19 216 LOCATION STREET 217 218 LOCATION STREET 218 219 219 211 LOCATION STREET 219 210 211 LOCATION STREET 210 211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING	YES NO CITY OR TO PHYSIC	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO VINITEM 18 PART 1 OR PART 2] NN COUNTY ST. 19 , that (w)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2	61

		I DE	CEASED N. ME E OR PRINT) inco	In Ale	xander	Wilson		LAST	2	OF EST		DAY YEAR	ZE HOUR
	PLEASE COTOR FILES HOURS	3 SEX			DATE OF BIRTH	6. AGE (IN YE	ARS I IF LIN	DER I YR. I IF UNDE	ER 24 HRS 2	DEATH MATED	8 🗆 8	3 19 87	
	IFESSARY, PLEASE FRAI DIRECTOR. FOUR FILES. WITHIN 72 HOURS RESTON STREET,	MA		1	MONTH DAY	, 1907 80 y	AY) MONTH			RONOUNCED	8	3 19 87	, 00
	SSAR SALD S YOU FINN FESTO	70 BI	RTHPLACE (STATE OR	76	CITIZEN OF WH	IAT COUNTRY?	8		9	BALTIMORE CI			6 A M
	NOW WASHINGTON		NDIANA		U.S.A.		WIDOW	ed \square never mar ed X divor		T	albot		MD.
	SHOE OF	III CI	TY OR TOWN OF DEA	ATH 11	(IF NOT IN SUCH FAC	PITAL, NURSING HOMI	, OR OTH	ER INSTITUTION	FORMS	AL OCCUPATION	(TYPE OF WORK	126 KIND OF B OR INDUS	SUSINESS
	Apparage C	BOZWAN USUAL RESIDENCE (IF IN NURSING HOME OF			COOPER PT. RD.					SPECIOR SUN OIL CO.			
1,21201	AND SELLAND SE	130 S	ARYLAND	13b COUNTY TALEC		BOZIVAN		YES NO		OPER PT.	RD. 2	1612	
DRE, MC	10000			ER O. Ñ				15. MOTHER'S MAIDEN NAME MARY BELLE CLIVER				LAST	
ALTIMO	AFTER PARE PARE PARE PARE PARE PARE PARE PA	16a. V (Y)	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED	PORCES? OR DATES)	163-05-994		A. KENNET	TH WILS		COACH&	SURREY	LANE
17.8	DURS NUT. P	15	IR CAUSE OF DEAT PART I DEATH W	H (Enter anly a	ne cause per line	far (a), (b), and (c).)				AURIA	3A Ibba	APPROXIMA	TE INTERVAL ET AND DEATH
ONS	MAL HERN	7	087	IMMEDIATE C	AUSE (a)_Me	<u>tastatic La</u>		eal Carcir	noma			BETWEEN ONS	cnw
REST	HIN NST AND END	1	Canditians, if a	iny, which	DUE TO, OR	AS A CONSEQUENCE	OF						
W. P	ENCI MINE NTA OR 8		gave rise to cause (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF.						
201	D WALL		lying cause last.		(c)_								
0	MARKE SER		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT		UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P	PART I sq.				
9	PENDING FE MENTING FE	CERTIFICATION	Recent	rib fi	racture.	possible s	ubse	quent pneu	umonia				
IAL	DO R SA A	FICA	190 DATE OF OPERA	IION	196. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	(?
DIVISION OF VIT		ERT	210 EXTERNAL CAUS	SE WAS	21b. TIME OF		Tale HO	W INJURY OCCURR	RED LENTER NA	ATURE OF INJURY IN ITE	M IS PART I OR PAS	YES	NOX
ONO	HE WOULD BOULD BOU		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		MONTH DAY YEAR						.,	
VISIO	JERTI TING TING JEPA PRA	MEDICAL	214 INJURY OCCURE	RED	21e PLACE O	FINJURY (ATHOME,	211 LOC	TATION		CITY OR TOWN			
٥	EDICAL EXAMINER: THIS C THE CERTIFICATE, WRIT THOULD BE FORWARD! NEAL DIRECTOR: PAGE DEATH, WITH THE STATE D DEE, MARYLAND, 21201	2	WHILE NOT	ORK -		on, rand, cre.y				CITORIOWN	COU	NIT	STATE
	FORV FORV ND, P		220 I certify that I	taak charge af	the remains desc	ribed above, held an	Autops	y , Inspecti	ion X.	Inquiry X,	and in my api	inian	7
4	WILL EECT BE I		death resulted fram	: Natural c	auses X.	Accident . Su	cide .	Hamicide .	Undeter	mined manner],		
	AL DIR		ACTUAL 7	1.	1160	land on	24	Deputy			DATE	8-3-87	7
	SEAT HE		SIGNATURE 5	1	17	Total	- M	осрису	AEDIC	AL EXAMINER	SIGNES		
	東京発出版		(TYPE OR PRINT)	udwia	J. Ealse	der III. M	D/	DDRESSRt.3.	Box 1	06, East	on, Md.	. 21601	
	DAY 548	(5	JRIAL, CREMATION, REPECTEY)	EMOVAL 23b. [DATE	23¢ NAME OF CEA	AETERY OF	CREMATORY	23d. LOC	ATION	COUN	TY 5	TAIE
07 84 25M	BP		BURIAL DIRECTOR	AU	G.6, 198	87 MIDDLETC	WN PF	RES. CHURCH				E PENNA	
	DHMH - 17 (VR A15 ME (5))		Louises	E. L	ADDRESS	St.m	cha	lo molo	077	SOF RAR 255 R	EGIS XANS S	SIKAMBET	

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Euroria J. Ertander 211 M.S. . . 21.3. Box 101. Easton, 14. 21901